

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114719

FILED
Jan 19, 2009
Secretary of State

Entity Name: ALPHA-TECH AIRCRAFT APPEARANCE GROUP, INC.

Current Principal Place of Business:

1100 LEE WAGENER BLVD.
319
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1100 LEE WAGENER BLVD.
319
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 61-1549569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, DAVID M ESQ.
1393 SW 1ST STREET
SUITE 200
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BRULLO, DOMENICA
Address: 1100 LEE WAGENER BLVD., S-319
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: PICHARDO, GUILLERMO
Address: 1100 LEE WAGENER BLVD., S-319
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: ISOLA, MICHELLE S
Address: 1100 LEE WAGENER BLVD., S-319
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D (X) Delete
Name: ISOLA, DAVID
Address: 1100 LEE WAGENER BLVD., S-319
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: DPVT (X) Delete
Name: BRULLO, GIOVANNI
Address: 1100 LEE WAGENER BLVD., S-319
City-St-Zip: FT. LAUDERDALE, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRULLO, GIOVANNI
Address: 1100 LEE WAGENER BLVD., S-319
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D (X) Change () Addition
Name: PICHARDO, GUILLERMO A
Address: 1100 LEE WAGENER BLVD., S-319
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D (X) Change () Addition
Name: ISOLA, DAVID
Address: 1100 LEE WAGENER BLVD., S-319
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO PICHARDO

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date