

PD8000089748

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

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December 13<sup>th</sup>, 2010.

To: Florida Department of State  
Division of Corporation  
FAX: 850-245-6897

Dear Madam /Sir:

We would like to ask you, please, to correct the following address for the Company:

**ALPHA HOOD SERVICES, CORP. (P08000089748)**

Principal and Mailing Address:

Previous: 1241 N.E. 17TH AVE. FT. LAUDERDALE FL 33304

**Current: 591 E SAMPLE RD SUITE 31 POMPANO BEACH, FL 33064**

RECEIVED

10 DEC 10 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Best Regards,

JOSEMAR POUBEL  
President