2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000104250

LATIMORE, LARRY

15002 NE 12TH AVE

NORTH MIAMI BEACH, FL 331614889

Name:

Address:

City-St-Zip:

Entity Name: ALPHA TRADING EXPORT - IMPORT, INC

FILED Oct 13, 2009 Secretary of State

Littly Na	ME. ALFITA TRADING EXPORT - INIFOR	Ι, Π Υ Ο.	
Current P	rincipal Place of Business:	New Principal Place	e of Business:
	12TH AVE IIAMI BEACH, FL 331614889		
Current Mailing Address:		New Mailing Address:	
	12TH AVE IIAMI BEACH, FL 331614889		
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
	'ANICK 12TH AVE IIAMI BEACH, FL 331614889 US		
	e named entity submits this statement for the e of Florida.	e purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE: YANICK ANDRE		
	Electronic Signature of Registered A	gent	Date
	ice with s. 607.193(2)(b), F.S., the corporation did	not receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DV () Delete JEROME, ALBERT 15002 NE 12TH AVE NORTH MIAMI BEACH, FL 331614889	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DV () Delete ANDRE, YANICK 15002 NE 12TH AVE NORTH MIAMI BEACH, FL 331614889	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete JEROME, JEAN LOU 15002 NE 12TH AVE NORTH MIAMI BEACH, FL 331614889	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete JEROME, JOSHUA 15002 NE 12TH AVE NORTH MIAMI BEACH, FL 331614889	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	T () Delete	Title ·	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERT JEROME DV 10/13/2009