

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000046431	
1. Entity Name ALPHA REAL ESTATE INVESTMENTS, INC.	



Principal Place of Business 3005 CARING WAY SUITE A PORT CHARLOTTE, FL 33952 US	Mailing Address 3005 CARING WAY SUITE A PORT CHARLOTTE, FL 33952 US
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07302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0420903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOINER, J. SCOTT 3005 CARING WAY SUITE A PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELDMANN, GERHARD 53055 AJENIDA JUAREZ LA QUINTA, CA 92253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELDMANN, MARTIN 53055 AJENIDA JUAREZ LA QUINTA, CA 92253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHROEDER, ULRICH 1775 JAMAICA WAY PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/08/05-80008-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(T), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. SCOTT JOINER, RA

8/1/05 941 629 1197