


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000079324 Entity Name ALPHA MRC, INC.	
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Principal Place of Business 2425 N COURTNEY PKWY SUITE 9 MERRITT ISLAND, FL 32953 US	Mailing Address 3207 BUCKINGHAM LANE COCOA, FL 32926
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3225055	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONSTANTINIDE, MICHAEL F 3207 BUCKINGHAM LANE COCOA, FL 32926	DO NOT WRITE IN THIS SPACE
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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: Michael F. Constantinide MICHAEL CONSTANTINIDE Jan. 7 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST CONSTANTINIDE, MICHAEL F 3207 BUCKINGHAM LANE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC CONSTANTINIDE, ROXANA R 3207 BUCKINGHAM LANE COCOA, FL 32926
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01/10/05-80067-010 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roxana Constantinide **ROXANA CONSTANTINIDE** 321 449 9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #