

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000017102

1. Entity Name
ALPHA HOLDINGS, INC.



Principal Place of Business
848 BRICKELL AVE
SUITE 950
MIAMI, FL 33131

Mailing Address
848 BRICKELL AVE
SUITE 950
MIAMI, FL 33131



05052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0473051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENESES, HECTOR
848 BRICKELL AVE 950
MIAMI, FL 33131

**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 title 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
DPTS
FERNANDEZ, XAVIER
848 BRICKELL AVE. #950
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ZAMORA, OMAR C
848 BRICKELL AVE 950
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MENESES, HECTOR
848 BRICKELL AVE. #950
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000369310
06/09/05-80004-011 150.00

**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)(i), 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

DATE

Daytime Phone #

06/01/05 13053617900