

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000014532

1. Entity Name
ALPHA INSURANCE AGENCY, INC.



Principal Place of Business
**104 S.W. 27TH AVENUE
MIAMI, FL 33135**

Mailing Address
**104 S.W. 27TH AVENUE
MIAMI, FL 33135**

UD00000552474
05/15/06-80013-021 150.00



DO NOT WRITE IN THIS SPACE

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0558632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INCLAN, MARITZA
12001 SW 2ND ST.
MIAMI, FL 33184**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPD
NAME	INCLAN, MARITZA
STREET ADDRESS	12001 SW 2 STREET
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	S
NAME	INCLAN, JESUS
STREET ADDRESS	12001 SW 2 STREET
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: MARITZA INCLAN 4/27/06 305-643-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #