

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014532

Entity Name: ALPHA INSURANCE AGENCY, INC.

FILED
Apr 11, 2009
Secretary of State

Current Principal Place of Business:

4800 W FLAGLER STREET
SUITE #209
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

4800 W FLAGLER STREET
SUITE #209
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 65-0558632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPD () Delete
Name: INCLAN, MARITZA
Address: 12001 SW 2 STREET
City-St-Zip: MIAMI, FL 33184

Title: S () Delete
Name: INCLAN, JESUS
Address: 12001 SW 2 STREET
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change () Addition
Name: INCLAN, MARITZA
Address: 12001 SW 2 STREET
City-St-Zip: MIAMI, FL 33184 US

Title: S (X) Change () Addition
Name: INCLAN, JESUS
Address: 12001 SW 2 STREET
City-St-Zip: MIAMI, FL 33184 US

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.

SIGNATURE: MARITZA INCLAN

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date