

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016919

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ALPINE TOOL INC.

**Current Principal Place of Business:**

13070 90TH ST N, UNIT 703A  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

13070 90TH ST N, UNIT 703A  
LARGO, FL 33773 US

**New Mailing Address:**

FEI Number: 59-3360405      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, NORMA B  
13070 90TH ST N, UNIT 703A  
LARGO, FL 33773 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: VS ( ) Delete  
Name: LOPEZ, MARIO  
Address: 13070 90TH ST N, STE 703-A  
City-St-Zip: LARGO, FL 33773

Title: PT ( ) Delete  
Name: LOPEZ, NORMA  
Address: 13070 90TH ST N UNIT 703A  
City-St-Zip: LARGO, FL 33773

Title: T ( ) Delete  
Name: LOPEZ, NORMA  
Address: 13070 90TH ST N, UNIT 703A  
City-St-Zip: LARGO, FL 33773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORMA LOPEZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MRS

04/30/2008

\_\_\_\_\_ Date