

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016919

Entity Name: ALPINE TOOL INC.

FILED
Jun 24, 2009
Secretary of State

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

06/24/2009

_____ Date