

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016919

FILED  
Feb 09, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: VS  
Name: LOPEZ, MARIO  
Address: 13070 90TH ST N, STE 703-A  
City-St-Zip: LARGO, FL 33773

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

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

I hereby 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 all other like empowered.

SIGNATURE: NORMA LOPEZ

PRES

02/09/2012

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

\_\_\_\_\_ Date