

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000070922

1. Entity Name
ALPHA I, INC.



Principal Place of Business

848 BRICKELL AVENUE
SUITE 950
MIAMI, FL 33131

Mailing Address

848 BRICKELL AVENUE
SUITE 950
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0718583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENESES, HECTOR
848 BRICKELL AVE., SUITE #950
MIAMI, FL 33131

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	FERNANDEZ, XAVIER
STREET ADDRESS	848 BRICKELL AVE, STE 950
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	CD
NAME	ZAMORA, OMAR C
STREET ADDRESS	848 BRICKELL AVE. #950
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	VP
NAME	MENESES, HECTOR
STREET ADDRESS	848 BRICKELL AVE. #950
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/09/05-80004-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Meneses (VP)

06/01/05 (305) 3612900

Date

Daytime Phone #