


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000070922 1. Entity Name ALPHA I, INC.	
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Principal Place of Business 848 BRICKELL AVENUE SUITE 950 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE SUITE 950 MIAMI, FL 33131
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07212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0718583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MENESES, HECTOR 848 BRICKELL AVE., SUITE #950 MIAMI, FL 33131
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**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U000000574372 08/14/06-800101-023 150.00
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**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

7/31/2006