


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000096274 1. Entity Name ALPHA IMAGING PRODUCTS & SERVICES, INC.	
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Principal Place of Business 3500 ALOMA AVE. D-1 WINTER PARK, FL 32792 US	Mailing Address 3500 ALOMA AVE. D-1 WINTER PARK, FL 32792 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3415484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, JOSEPH 12116 SHADOWBROOK LANE ORLANDO, FL 32828	<div style="border: 1px solid black; padding: 20px; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GONZALEZ, JOSEPH
STREET ADDRESS	12116 SHADOWBROOK LANE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	SD
NAME	GONZALEZ, GLORIA
STREET ADDRESS	12116 SHADOWBROOK LANE
CITY-ST-ZIP	ORLANDO, FL 32828
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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03/10/05-80008-018 150.00

DO NOT WRITE 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: _____	3-8-05 407671850	Date _____ Daytime Phone # _____