

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90281 011 \*\*\*150.00

**DOCUMENT # P97000067504**

1. Entity Name  
**ALPHA DESIGNS, INC.**



Principal Place of Business  
**1750 NE 191ST STREET  
205  
MIAMI, FL 33179 US**

Mailing Address  
**1750 NE 191ST STREET  
205  
MIAMI, FL 33179 US**

**94077090**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0777225**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~VILLAQUIRAN, VICKY  
1750 N.E. 191ST STREET, #527  
MIAMI, FL 33179~~

7. Name and Address of New Registered Agent

Name **Russell Vicky**

Street Address (P.O. Box Number is Not Acceptable)

**1750 N.E. 191st Street #205**

City **Miami**

FL

Zip Code **33179**

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: *Vicky N. Russell* **vicky Russell**

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **VILLAQUIRAN, VICKY**  
STREET ADDRESS **1750 NE 191ST STREET #205**  
CITY-ST-ZIP **MIAMI, FL 33179** ☐ Delete

TITLE **VS**  
NAME **MORALES, ALFA**  
STREET ADDRESS **1750 NE 191ST STREET #205**  
CITY-ST-ZIP **MIAMI, FL 33179** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **Russell, Vicky**  
STREET ADDRESS **1750 NE 191st Street #205**  
CITY-ST-ZIP **MIAMI, FL 33179** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Vicky N. Russell* **vicky Russell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04**

DATE

**305-947-0119**

DAYTIME PHONE #