

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Apr 07, 2002 8:00 am
Secretary of State**

04-07-2002 90068 008 ***150.00

DOCUMENT # *P97000072420*
1. Entity Name
Alpha Omega Car Care, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: *19051 Collins Ave*
Suite, Apt. #, etc: *# E 111*
City & State: *North Miami Beach FL*
Zip: *33162*

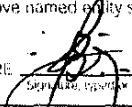
3. Mailing Address:
P.O. Box 414622
Suite, Apt. #, etc:
City & State: *Miami Beach, FL*
Zip: *33141*

4. FEI Number: *05-0774284*
5. Sales Tax ID:
6. Annual Report Fee: \$8.75

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: *Jailson S. Alves*
Street Address: *19051 Collins Ave # E 111*
City: *North Miami Beach FL* Zip: *33162*

8. The above named entity submits this statement for the purpose of changing its registered office or registry agent or both, in the State of Florida.

SIGNATURE: 

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing: \$5.00 (May 1st due)

11. OFFICERS AND DIRECTORS			
TITLE	<i>President</i>	TITLE	
NAME	<i>Jailson S. Alves</i>	NAME	
STREET ADDRESS	<i>19051 Collins Ave # E 111</i>	STREET ADDRESS	
CITY-STATE-ZIP	<i>North Miami Beach, FL 33162</i>	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 309, Florida Statutes, and that my name appears on the attachment with an address, with all other like empowered.

SIGNATURE:  *03/13/02*