


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90279 011 ***150.00

DOCUMENT # P97000072420		
1. Entity Name ALPHA OMEGA CAR CARE, INC.		

Principal Place of Business 19051 COLLINS AVENUE SUITE E 111 NORTH MIAMI BEACH, FL 33162	Mailing Address P.O BOX 414622 MIAMI BEACH, FL 33141
---	--

2. Principal Place of Business <i>1690 NE 144 ST</i>	3. Mailing Address <i>1690 NE 144 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>North Miami, FL</i>	City & State <i>North Miami, FL</i>
Zip <i>33181</i>	Zip <i>33181</i>
Country	Country



04262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent ALVES, JAILSON S 19051 COLLINS AVENUE SUITE E 111 NORTH MIAMI BEACH, FL 33162	
---	--

7. Name and Address of New Registered Agent Name <i>Alves, Jailson S.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1690 NE 144 ST</i> City <i>North Miami</i> FL Zip Code <i>33181</i>	
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 <i>[Signature]</i>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVES, JAILSON S 19051 COLLINS AVENUE, SUITE E 111 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Alves, Jailson S.</i> <i>1690 NE 144 ST.</i> <i>North Miami, FL 33181</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vicepresident</i> <i>Seda, Ivanir G</i> <i>1690 NE 144 ST</i> <i>North Miami, FL 33181</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #