

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000072420

1. Entity Name
ALPHA OMEGA IMPORT & EXPORT, INC.



Principal Place of Business
1690 NE 144 ST
MIAMI, FL 33181

Mailing Address
1690 NE 144 ST
MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02012008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0774284 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVES, JAILSON S
1690 NE 144 ST
MIAMI, FL 33181

Name

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

City

FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 Delete
NAME ALVES, JAILSON S
STREET ADDRESS 1690 NE 144 ST
CITY-ST-ZIP MIAMI, FL 33181

TITLE VP Delete
NAME IVANIER, SEDA G
STREET ADDRESS 1690 NE 144 ST
CITY-ST-ZIP MIAMI, FL 33181

TITLE VP Delete
NAME ARAUJO, OCTAVIO P
STREET ADDRESS 1690 NE 144 ST
CITY-ST-ZIP MIAMI, FL 33181

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/1/08

Date

Daytime Phone #