


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90046 018 ***158.75

DOCUMENT # **P97000072683**

1. Entity Name
ALPHA LAUNDROMAT INC.



Principal Place of Business Mailing Address
2235 N.W. 28th STREET MIAMI FL 33142

2. Principal Place of Business 3. Mailing Address
2235 N.W. 28th STREET 2235 N.W. 28th STREET
 Suite, Apt #, etc Suite, Apt #, etc

City & State City & State
MIAMI FLORIDA MIAMI FLORIDA
 Zip Country Zip Country
33142 U.S.A. 33142 U.S.A.

4. FEI Number Applied For
65-0777158 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
STEVEN L. JAMES
9999 N.E. 2nd AVENUE SUITE 216
MIAMI SHORES, FLORIDA 33138

7. Name and Address of New Registered Agent
 Name **MICHEL ANTONY THEODORE**
 Street Address (P.O. Box Number is Not Acceptable)
6143 N.W. 183rd LANE
 City **MIAMI** FL Zip Code **33015**

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]* DATE **4-4-04**

Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *[Signature]* DATE **4-4-04** 305-889-8577

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHEL A. THEODORE