


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000031314	
1. Entity Name ALPHA ORCHIDS INCORPORATED	

Principal Place of Business 6900 SW 102 AVENUE MIAMI, FL 33173	Mailing Address 7245 N.W. 43RD STREET MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LUE, PETER F 7245 N.W. 43RD STREET MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LUE, PETER F 6900 SW 102 AVENUE MIAMI, FL 33173
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TITLE NAME STREET ADDRESS 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)(f), 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: Peter F. Lue 04/14/05 305-593-2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


02252005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0832015 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

04/19/05-80007-025 150.00