2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000031314

1. Entity Name

ALPHA ORCHIDS INCORPORATED



FILED Feb 28, 2007 08:00 AM **Secretary of State**

Principal Place of Business

MIAMI, FL 33170

14100 S.W. 232ND AVENUE

Mailing Address

7245 N.W. 43RD STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

02192007 No Chg-P		CR2E034 (11/05)			
4. FEI Number			Applied For		
65-0832	2015		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

LUE, PETER F 7245 N.W. 43RD STREET MIAMI, FL 33166

DO NOT WRITE

				IIN	INIS SPACE		
8. The above the obligat	named entity submits this statement for the pritions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registere	ed Agent signature	required when reinstating)	DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LUE, PETER F 14100 S.W. 232ND AVE MIAMI, FL 33170						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	is .				U00000651092 03/08/07-80040-012 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR