

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90057 030 ***150.00

DOCUMENT # P98000057936

1. Entity Name
ALPHA INTERIORS & DESIGNS, INC.



Principal Place of Business
1861 S.W. 135TH WAY
MIRAMAR, FL 33027

Mailing Address
1861 S.W. 135TH WAY
MIRAMAR, FL 33027

20011316



2. Principal Place of Business
13760 NW 18th CT.
Suite, Apt. #, etc.

3. Mailing Address
13760 NW 18th CT.
Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State
Pembroke Pines, FL.
Zip
33028
Country
USA

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Zip
33028
Country
USA

4. FEI Number
65-0853174
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, DEREK
1861 S.W. 135TH WAY
MIRAMAR, FL 33027
13760 NW 18th CT.
Pembroke Pines, FL.
33028

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13760 NW 18th CT.
City
Pembroke Pines FL Zip Code
33028

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
PD
DIAZ, DEREK
STREET ADDRESS
1861 S.W. 135TH WAY
CITY-ST-ZIP
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13760 NW 18th CT.
Pembroke Pines, FL 33028

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/05

9549312897