

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90002 034 ***150.00

DOCUMENT # P98000058522

1. Entity Name

ALPHA OMEGA SPECIALTY, INC.



Principal Place of Business

981 CARDIGAN LN
PALM HARBOR, FL 34683

Mailing Address

981 CARDIGAN LN
SUITE 981
PALM HARBOR, FL 34683

50066367



09022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3532193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAH, CHETAN R
981 CARDIGAN LN
PALM HARBOR, FL 34683-6002

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP
NAME PATEL, PALLAVI K
STREET ADDRESS 981 CARDIGAN LN
CITY-ST-ZIP PALM HARBOR, FL 346836002

TITLE PTS
NAME SHAH, CHETAN
STREET ADDRESS 981 CARDIGAN LN
CITY-ST-ZIP PALM HARBOR, FL 346836002

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 #

ATTACHMENT

50066367
P98000058522

JACOBS ACCOUNTING, INC.
2121 MAIN STREET
DUNEDIN, FL. 34698
727-210-2552
FAX # 727-210-2553

09/05/2005

FLORIDA DEPARTMENT OF STATE
DIV. OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

WE ARE REQUESTING THAT YOU WAVE THE PENALTIES FOR LATE FILING OF:

ALPHA OMEGA SPECIALTY, INC.
SHAH BROTHERS OF TAMPA BAY, INC.
UNUSUALLY UNITED UNIVERSE UNLIMITED, INC.

CHETAN SHAH NOTIFIED US THAT HE DID NOT RECEIVE THE NOTICES FOR FILING THE ANNUAL REPORTS.

ENCLOSED IS CHECK ~~#1102~~ IN THE AMOUNT OF \$ 450.00 FOR THE FILING FEES FOR THE ABOVE CORPORATIONS.

PLEASE RETURN THE CERTIFICATE AND ARTICLES OF INCORPORATION TO:

JACOBS ACCOUNTING & COMPUTERS, INC.
2121 MAIN STREET
DUNEDIN, FLORIDA 34698

IF YOU HAVE ANY QUESTIONS PERTAINING TO THIS MATTER PLEASE CALL 727-210-2552.

RESPECTFULLY SUBMITTED,



HARLEY JACOBS
ACCOUNTANT