


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90076 024 ***150.00

DOCUMENT # P98000071109

1. Entity Name
ALPHA PRESS, INC.



Principal Place of Business
3804 JOHN YOUNG PKWY #182 ORLANDO, FL 32804

Mailing Address
3804 JOHN YOUNG PKWY #182 ORLANDO, FL 32804

Principal Place of Business
3804 John Young Pkwy

3. Mailing Address
3804 John Young Pkwy

Suite, Apt. #, etc.
1-2

City & State
Orlando FL

City & State
Orlando FL

Zip
32804

Country

Zip
32804

Country



02022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3528837

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LATORRE, ALEX
 3804 JOHN YOUNG PARKWAY #5
 ORLANDO, FL 32804**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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 PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LATORRE, ALEX		NAME	
STREET ADDRESS 3804 JOHN YOUNG PARKWAY #5		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32804		CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LATORRE, MAGELINE		NAME	
STREET ADDRESS 3804 JOHN YOUNG PARKWAY #5		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32804		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: Madeline Latorre - Madeline Latorre Date: 3/11/04 Daytime Phone #: 407-299-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR