## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # P98000071109  1. Entity Name ALPHA PRESS, INC.							03-10-2005 90144 028 ***150.00				
Principal Place	e of Busines	s	Mailing Address			1					
3804 JOHN Y 1-2	OUND PKW	Υ	3804 JOHN YOUND PKWY 1-2								
ORLANDO, FL 32804			ORLANDO, FL 32804			 	:				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01202005	Chg-P	CR2E	034 (10/03)	<u></u>	
City & State			City & State		l				plied For at Applicable		
Zip		Country	Zip	Coun	itry	5. Certificate of	of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered Agent		Name	7. Name and A	Address of New I	Registered	Agent		
LATORRE, ALEX											
3804 JOHN ORLANDO		PARKWAY #5 04			Street Address (P.O. Box Number is Not Acceptable)						
					Oib.				7:- 0-4		
A 7					City			FI			
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. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE			
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.	9. Election Campa Trust Fund Cor		ncing \$5	5.00 May Be ded to Fees					
10.	I'LL	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/C	CHANGES TO OF	FICERS AN			
TITLE NAME	PD LATORRE, ALEX			e TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS 3804 JOHN YOUNG PARKWAY #5 CITY-ST-ZIP ORLANDO, FL 32804			#5	STREET ADDRESS City-St-Zip							
TITLE	VSD	.,	☐ Defete	TITL	£				☐ Change	Addition	
NAME LATORRE, MAGELINE STREET ADDRESS 3804 JOHN YOUNG PARKWAY					RE EET ADDRESS						
CITY-ST-ZIP		O, FL 32804			-ST-ZIP	_					
TITLE NAME			Delete	TITL	E ~ !				Change	Addition	
STREET ADDRESS				STRE	EET ADDRESS						
CITY-ST-ZIP			☐ Delete	CITY	'-ST-ZIP				☐ Change	☐ Addition	
NAME			. Detete	NAM					onango		
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			☐ Delete	TITL	_			-	☐ Change	Addition	
NAME STREET ADDRESS				NAM Stre	EET ADDRESS						
CITY-ST-ZIP	ļ			_	'-ST-ZIP						
TITLE NAME			☐ Defete	TITLI NAM					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	EET ADDRESS /-ST-ZIP						
12. I hereby o	L certify that th	e information supplied with	n this filing does not qualify f	or the exe	emption stated in S	Section 119.07(3)(i)	), Florida Statutes.	. I further c	ertify that the in	nformation	
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 Jahre Madeline Latoire 3/3/05 407-294-2121											
	_	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	OR DIREC	тоя		Date		Daytime Phone #		