


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P98000071109 1. Entity Name ALPHA PRESS, INC.	
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Principal Place of Business 3804 JOHN YOUNG PKWY 1-2 ORLANDO, FL 32804	Mailing Address 3804 JOHN YOUNG PKWY 1-2 ORLANDO, FL 32804
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**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3528837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LATORRE, ALEX  
 3804 JOHN YOUNG PARKWAY #5  
 ORLANDO, FL 32804

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000675736  
 03/30/07-80031-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATORRE, ALEX 3804 JOHN YOUNG PARKWAY #5 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LATORRE, MAGELINE 3804 JOHN YOUNG PARKWAY #5 ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: Madelaine Latorre Madeline Latorre 3/16/07 407-299-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #