



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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



01252008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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 transferring) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000799279 01/30/08-80063-002 150.00
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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: Madelene Latorre Madeline Latorre 1/25/08 407-299-2121

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