

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 24, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000073888

1. Entity Name
ALPHATRONX, INC.



Principal Place of Business
**725 S.E. PORT ST. LUCIE BLVD. SUITE 204
PORT ST. LUCIE, FL 34984**

Mailing Address
**725 S.E. PORT ST. LUCIE BLVD. SUITE 204
PORT ST. LUCIE, FL 34984**



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0860990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIQUET, JOSEPH
725 S.E. PORT ST. LUCIE BLVD. SUITE 204
PORT ST. LUCIE, FL 34984**

**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 reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	D
NAME	PIQUET, JOSEPH
STREET ADDRESS	1258 S.W. MAPLEWOOD DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986

TITLE	D
NAME	PIQUET, BEATRICE
STREET ADDRESS	1258 SW MAPLEWOOD DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/24/04-80001-003 150.00

**DO NOT WRITE
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 # _____