

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90078 026 ***150.00

DOCUMENT # P98000073888

1. Entity Name
ALPHATRONX, INC.



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



2. Principal Place of Business - No P.O. Box # **725 SE Port St Lucie Blvd** 3. Mailing Address **725 SE Port St Lucie Blvd**
Suite, Apt. #, etc. **Suite 205** Suite, Apt. #, etc. **205**
City & State **Port St Lucie, FL** City & State **Port St Lucie, FL**
Zip **34984** Country **USA** Zip **34984** Country **USA**

03062008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0860990** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

address change only

7. Name and Address of New Registered Agent

Name **Joseph PIQUET**
Street Address (P.O. Box Number is Not Acceptable) **725 SE Port St. Lucie Blvd, #205**
City **Port St. Lucie** **FL** Zip Code **34984**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PIQUET, JOSEPH	
STREET ADDRESS	1258 S.W. MAPLEWOOD DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIQUET, BEATRICE	
STREET ADDRESS	1258 SW MAPLEWOOD DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

Joseph Piquet