

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088479

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: ALPHA BERGLUND INTERNATIONAL INC.

## Current Principal Place of Business:

9999 N.W. 89TH AVE.,BAY 3  
MEDLEY, FL 33178

## New Principal Place of Business:

9999 N.W. 89TH AVE.,BAY 3  
MEDLEY, FL 33178 US

## Current Mailing Address:

1172 S DIXIE HIGHWAY  
SUITE 524  
CORAL GABLES, FL 33146

## New Mailing Address:

1172 S DIXIE HIGHWAY  
SUITE 524  
CORAL GABLES, FL 33146 US

FEI Number: 65-0870116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIORTSIS, PAUL  
9999 N.W. 89TH AVE.,BAY 3  
MEDLEY, FL 33178 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PMD ( ) Delete  
Name: KIORTSIS, PAUL  
Address: 90 EDGEWATER DRIVE #403  
City-St-Zip: CORAL GABLES, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMD (X) Change ( ) Addition  
Name: KIORTSIS, PAUL  
Address: 90 EDGEWATER DRIVE #403  
City-St-Zip: CORAL GABLES, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL KIORTSIS

PMD

03/27/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date