2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000059045

Entity Name: ALPHA CAPITAL GROUP, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1705 N. STATE ROAD 7 1705 N. STATE ROAD 7 MARGATE, FL 33063 MARGATE, FL 33063 US

Current Mailing Address: New Mailing Address:

FEI Number: 65-0930749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARBULU, ROBERTO 2333 N. STATE ROAD 7 SUITE M MARGATE, FL 33063 US ARBULU, ROBERTO 1705 N. STATE ROAD 7 MARGATE, FL 33063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: 04/26/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D () Delete Title: VTD (X) Change () Addition

Name: ARBULU, ROBERTO Name: ARBULU, ROBERTO

 Address:
 2333 N. STATE ROAD 7, SUITE M
 Address:
 1705 N. STATE ROAD 7

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 MARGATE, FL 33063 US

Title: D () Delete Title: PD (X) Change () Addition Name: ARBULU, MARIANNE Name: ARBULU, MARIANNE

Address: 2333 N. STATE ROAD 7, SUITE M Address: 1705 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIANNE ARBULU PD 04/26/2002