


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S42553</b> 1. Entity Name ALPHA FOLIAGE, INC.	
---	---

Principal Place of Business 27600 S W 217 AVE HOMESTEAD, FL 33031 US	Mailing Address 18455 S.W. 264TH ST. HOMESTEAD, FL 33031
--	--



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0268608	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DEMOTT, CAROLYN 18455 SW 264 STREET HOMESTEAD, FL 33031
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent Signature required if not renewing)	DATE _____
--	---	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMOTT, JOHN C. 18455 SW 264 ST HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMOTT, CAROLYN 18455 SW 264 ST HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSTER, CHARLES S. 24050 S.W. 162ND AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSTER, M.A. 24050 S.W. 162ND AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000123946 04/22/04-80025-004 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
--

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.

<b>SIGNATURE:</b> Carolyn G. DeMott <i>Carolyn G. DeMott</i>	04/20/04 305-248-5109
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>