


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V32230</b> 1. Entity Name ALPHIMAG, INC.			
Principal Place of Business 7840 SWISS FAIRWAYS CLERMONT FL 34711		Mailing Address 7840 SWISS FAIRWAYS CLERMONT FL 34711	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3122323		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  GRIMM, DENISE 13114 SKIING PARADISE BLVD. CLERMONT FL 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE	D	Delete	
NAME	JUGLAR, PHILIPPE		
STREET ADDRESS	13114 SKIING PARADISE BLVD.		
CITY-ST-ZIP	CLERMONT FL		
TITLE	D	Delete	
NAME	JUGLAR, CHRISTINE		
STREET ADDRESS	13114 SKIING PARADISE BLVD		
CITY-ST-ZIP	CLERMONT FL		
TITLE	D	Delete	
NAME	SOLANGE-GRIMM, DENISE		
STREET ADDRESS	13114 SKIING PARADISE BLVD.		
CITY-ST-ZIP	CLERMONT FL		
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> </div> <div style="text-align: center; margin-top: 10px;">             U00000059297              02/20/04-80076-005 150.00           </div>			
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> <i>D. Grimm, Denise Grimm, Director</i> 02.13/04 (352) 429 2178 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			