

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003937

Entity Name: ALVEGA CORPORATION**Current Principal Place of Business:**4171 BOATWAYS ROAD
FORT MYERS, FL 33905**Current Mailing Address:**804 NICHOLAS PKWY E, STE 1
CAPE CORAL, FL 33990 US**FEI Number:** 65-1090430**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, THOMAS W
804 NICHOLAS PKWY E, STE 1
CAPE CORAL, FL 33990 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	LOHBECK, ROLF DR.
Address	LANDHAUS AUF DEM HAGEN 9
City-State-Zip:	SCHWELM 58332

Title	VP
Name	LOHBECK, HEIDRUN
Address	LANDHAUS AUF DEM HAGEN 9
City-State-Zip:	SCHWELM 58332

Title	D
Name	LOHBECK, RAINER
Address	LANDHAUS AUF DEM HAGEN 9
City-State-Zip:	SCHWELM 58332

Title	SECRETARY
Name	HOFFMANN, REGINA
Address	AUF DEM HAGEN 1
City-State-Zip:	SCHWELM, DE OC 58332

Title	TREASURER
Name	LOHBECK, STEPHAN
Address	AUF DEM HAGEN 8
City-State-Zip:	SCHWELM, DE OC 58332

Title	TREASURER
Name	SCHOEBEL, CHRISTIANE
Address	EHRENBERGER STRASSE 14
City-State-Zip:	SCHWELM, DE OC 58332

I hereby 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 all other like empowered.

SIGNATURE: DR. ROLF LOHBECK**PRESIDENT****03/16/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date