

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90053 039 \*\*\*150.00

<b>DOCUMENT # 185870</b> 1. Entity Name <b>ALILEV CORPORATION</b>			
Principal Place of Business <b>1077 95TH ST BAY HARBOR ISLAND, FL 33154</b>		Mailing Address <b>1077 95TH ST BAY HARBOR ISLAND, FL 33154</b>	
2. Principal Place of Business <b>1199 NE 99 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>1199 NE 99 ST</b> Suite, Apt. #, etc.	
City & State <b>MIAMI SHORES</b>		City & State <b>MIAMI SHORES</b>	
Zip <b>33138</b>		Zip <b>33138</b>	
Country		Country	
4. FEI Number <b>59-0841448</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOCKNER, DAVID 1077 95TH ST BAY HARBOR ISLAND, FL 33154</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1199 NE 99 ST</b> City <b>MIAMI SHORES</b> <b>FL</b> Zip Code <b>33138</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. (NOTE: Registered Agent signature required when resigning) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOCKNER, DAVID 1077 95TH STREET MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOCKNER, DAVID 1199 NE 99 ST MIAMI SHORES 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BERGEN, ARTHUR JR. 1077 95TH STREET MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BERGEN, ARTHUR JR. 1920 NW 107TH AVE PALMBROKE PINES FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE:		DAVID BOCKNER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1/23/06</b> Daytime Phone # <b>305-865-0331</b>	