


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # 185870
1. Entity Name
ALILEV CORPORATION



Principal Place of Business Mailing Address
1199 NE 99ST 1199 NE 99ST
MIAMI, FL 33138 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-0841448 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOCKNER, DAVID
1077 95TH ST
1199 NE 99ST
MIAMI SHORES, FL 33138

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE 07/12/07-80007-024 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOCKNER, DAVID
STREET ADDRESS	1199 NE 99 ST
CITY - ST - ZIP	MIAMI SHORES, FL 33138
TITLE	VPS
NAME	BERGEN, ARTHUR JR.
STREET ADDRESS	1920 NW 107TH AVE
CITY - ST - ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 786514846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paul