


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H49731**  
1. Entity Name  
**A.L. INVESTMENT ASSOCIATES INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**C/O RAINES & FISCHER** \_\_\_\_\_ **C/O RAINES & FISCHER** \_\_\_\_\_  
**535 FIFTH AVE 25TH FLOOR** \_\_\_\_\_ **535 FIFTH AVE 25TH FLOOR** \_\_\_\_\_  
**NEW YORK, NY 10017 US** \_\_\_\_\_ **NEW YORK, NY 10017 US** \_\_\_\_\_



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2545157** Applied For \_\_\_\_\_  
Not Applicable \_\_\_\_\_  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPENCER, S A**  
**251 CRANDON BLVD., #164**  
**KEY BISCAWAYNE, FL 33149**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GENGER, ARIE 2600 ISLAND BLVD PH-1 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FISCHER, WILLIAM L 535 FIFTH AVE 25TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000148456  
01/25/05-80061-009 150.00

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 another, as empowered.  
**SIGNATURE:** William L Fischer (WILLIAM L. FISCHER) 1/17/05 212-953-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #