2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P00000110291

Entity Name: ALF HOLDINGS, INC.

Current Principal Place of Business:

PO BOX 814833
HOLLYWOOD, FL 330814833

New Principal Place of Business:

12221 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

Current Mailing Address:

PO BOX 814833
HOLLYWOOD, FL 330814833

New Mailing Address:

C/O GINSPARG
3389 SHERIDAN #195
HOLLYWOOD, FL 33021

FEI Number: 65-1068065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINSPARG, NORMAN J
11190 BISCAYNE BLVD
NORTH TOWER
NO MIAMI, FL 33181 US

Name and Address of New Registered Agent:

GINSPARG, NORMAN J
12221 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161 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: _____ 04/28/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESFORMES, MORRIS I
Address: 3737 WEST ARTHUR AVENUE
City-St-Zip: LINCOLNWOOD, IL 60612

Title: VS ( ) Delete
Name: ESFORMES, PHILIP
Address: 3737 WEST ARTHUR AVENUE
City-St-Zip: LINCOLNWOOD, IL 60612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ESFORMES, MORRIS I
Address: 6865 N. LINCOLN AVENUE
City-St-Zip: LINCOLNWOOD, IL 60712

Title: VS (X) Change ( ) Addition
Name: ESFORMES, PHILIP
Address: 6865 N. LINCOLN AVENUE
City-St-Zip: LINCOLNWOOD, IL 60712

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PHILIP ESFORMES VS 04/28/2004
Electronic Signature of Signing Officer or Director — Date