


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90034 015 ***150.00

DOCUMENT # P02000116174

1. Entity Name
THE ADVISORS ALLIANCE, INC.



Principal Place of Business Mailing Address

**2071 SW OAKWATER PT.
 PALM CITY, FL 34990-7755 US**

**5434 W SAMPLE ROAD
 239
 MARGATE, FL 33073 US**

44000737

2. Principal Place of Business 3. Mailing Address

**3601 W. Commercial Blvd.
 Suite, Apt. #, etc.
 suite 39**


**5434 W. Sample Road
 Suite, Apt. #, etc.
 # 239**

City & State City & State

Fort Lauderdale, FL **Margate, FL**

Zip Country Zip Country

33309 US 33073 US



02042004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
05-0557695 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANDEL, HOWARD H
 2071 SW OAKWATER PT.
 PALM CITY, FL 34990-7755**

7. Name and Address of New Registered Agent

Name
Dombrow, Allan B.

Street Address (P.O. Box Number is Not Acceptable)
3601 W. Commercial Blvd. Ste. # 39

City State Zip Code
Fort Lauderdale FL 33309

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.

Allan B. Dombrow **2/5/04**

SIGNATURE _____ DATE _____

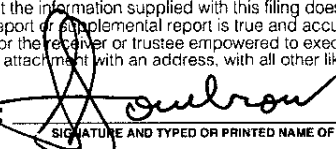
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DOMBROW, ALLAN B 5434 W SAMPLE ROAD, #239 MARGATE, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Dombrow, Allan B. 5434 W. Sample Road #239 Margate, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MANDEL, HOWARD H 2071 SW OAKWATER POINT PALM CITY, FL 349907755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 all other like empowered.

SIGNATURE:  **Allan B. Dombrow** **2/5/04** **954-777-0252 x 207**

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