



04-07-2003 90180 019 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000058579 1. Entity Name ALLY K ENTERPRISE CORP.		
Principal Place of Business 500 N.E. 185 ST. MIAMI, FL 33179		Mailing Address 500 N.E. 185 ST. MIAMI, FL 33179
2. Principal Place of Business 7339 NW 79 Terrace State, Apt. #, etc.		3. Mailing Address 7339 NW 79 Terrace State, Apt. #, etc.
City & State Medley, FL		City & State Medley, FL
4. FEI Number 65-0931493	Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33106	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEMA, GILDARDO A 9820 N.W. 16TH COURT PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 20731 NW 8th Str. City Pembroke Pines
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 date if applicable. (NOTE: Registered Agent Signature Required when necessary) DATE</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Zip Code FL 33029
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete LEMA, GILDARDO A 9820 N.W. 16TH COURT PEMBROKE PINES, FL 33024	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input type="checkbox"/> Delete PAJON, JUAN E CALLE 2 SUR, #43-C83 MEDELLIN, COLOMBIA	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lema Gildardo A. 20731 NW 8 Street Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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)(1), 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 lawyer 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: 		Date: 4-2-03

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)