

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000135006					
1. Entity Name A & L SERVICES, INC.					
Principal Place of Business 6395 S.W. 136 COURT K-110 MIAMI, FL 33183			Mailing Address 6395 S.W. 136 COURT K-110 MIAMI, FL 33183		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3586079	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLARIA, ALEJANDRO 6395 S.W. 136 COURT K-110 MIAMI, FL 33183			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 rechartering) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing ☐		\$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	P GLARIA, ALEJANDRO 6395 S.W. 136 COURT K-110 MIAMI, FL 33183		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIGERA, LUIS A 6395 S.W. 136 COURT K-102 MIAMI, FL 33183		☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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: _____		01/12/07 (305) 970 1538			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

FILED
07 JAN 19 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

Amended AR is \$61.25

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

500086457935
01/29/07--01053--006 **\$61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	GLARIA, ALEJANDRO	
STREET ADDRESS	6395 S.W. 136 COURT K-110	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VP	☒ Delete
NAME	TIGERA, LUIS A	
STREET ADDRESS	6395 S.W. 136 COURT K-102	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: _____ 01/12/07 (305) 970 1538

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