

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 357813

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: ALGY TRIMMINGS CO INC

## Current Principal Place of Business:

440 N.E. FIRST AVENUE  
HALLANDALE, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

440 N.E. FIRST AVENUE  
HALLANDALE, FL 33009

## New Mailing Address:

FEI Number: 59-1281354      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIEBERMAN, HERBERT  
440 NE 1ST AVE  
HALLANDALE, FL 33009      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GODBOUT, MICHAEL  
Address: 1930 NE 207 ST  
City-St-Zip: MIAMI, FL 33179

Title: C ( ) Delete  
Name: LIEBERMAN, HERNERT  
Address: 3801 N E 207 ST #801  
City-St-Zip: MIAMI, FL 33180

Title: P ( ) Delete  
Name: GORDON, SUSAN  
Address: 3841 N 38 AVE  
City-St-Zip: MIAMI, FL 33179

Title: ST ( ) Delete  
Name: GODBOUT, LAURIE  
Address: 1930 NE 207 ST  
City-St-Zip: N MIAMI BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAURIE GODBOUT

ST

07/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date