


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90019 026 ***150.00

DOCUMENT # F80194 1. Entity Name AL SIEFERT ENTERPRISES INC.					
Principal Place of Business % AL SIEFERT 4797 NE 11 AVE. OAKLAND PARK, FL 33334 US			Mailing Address % AL SIEFERT 2319 S.E. 10TH STREET POMPAN0 BEACH, FL 33062 US		
2. Principal Place of Business - No P.O. Box # 5691 NE 14 AVENUE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State F0RT LAUDERDALE FL Zip 33334		City & State Zip USA		4. FEI Number 59-2189155	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01052008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent SIEFERT, AL 2319 S.E. 10TH STREET POMPAN0 BEACH, FL 33062			7. Name and Address of New Registered Agent 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST SIEFERT, AL 2319 S.E. 10TH STREET POMPAN0 BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Al Siefert</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/16/08 954-493-9411 Date Daytime Phone #		