


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90017 023 ***150.00

DOCUMENT # H49731 1. Entity Name A.L. INVESTMENT ASSOCIATES INC.	
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Principal Place of Business C/O RAINES & FISCHER 535 FIFTH AVE 25TH FLOOR NEW YORK, NY 10017 US	Mailing Address C/O RAINES & FISCHER 535 FIFTH AVE 25TH FLOOR NEW YORK, NY 10017 US
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DO NOT WRITE IN THIS SPACE

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03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2545157	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPENCER, S A 251 CRANDON BLVD., #164 KEY BISCAVNE, FL 33149
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**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GENGER, ARIE 2600 ISLAND BLVD, APT 1705 KEY BISCAVNE, FL 33160 AVENTURA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FISCHER, WILLIAM L 535 FIFTH AVE 25TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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>William L. Fischer</u> WILLIAM L. FISCHER 4/23/08 212-953-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ASST. TREASURER	Date	Daytime Phone #
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