

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K96932

1. Entity Name
AMERICAN LIFE RESOURCES CORPORATION



Principal Place of Business
**PO BOX 398916
MIAMI BEACH, FL 33239 US**

Mailing Address
**PO BOX 398916
MIAMI BEACH, FL 33239 US**

DO NOT WRITE IN THIS SPACE



08292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65 0179829

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PORTER, HELEN
1455 OCEAN DR
MIAMI BEACH, FL 33139**

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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 _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required when reappointing) DATE _____

FILE NOW! FEE IS \$158.00
After May 1, 2004 Fee will be \$558.00

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

000000101294
1997/10/14-MI 0007-011-150-00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SIMON, STEVEN
STREET ADDRESS	325 MERIDIAN AVE
CITY-STATE-ZIP	MIAMI BEACH, FL 33139
TITLE	SCOO
NAME	PORTER, HELEN
STREET ADDRESS	325 MERIDIAN AVE
CITY-STATE-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19-07(3)(b), 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 persons empowered.

SIGNATURE *Helen Lu Porter* **2/30/04** **305-301-4824**