


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90021 042 ***150.00

DOCUMENT # M02170

1. Entity Name
AL-LEN DISTRIBUTORS, INC.



Principal Place of Business Mailing Address

% LEONARD MARCUS
~~7340 NW 8TH ST~~
MIAMI, FL 33126 **US**

% LEONARD MARCUS
7340 NW 8TH ST
~~MIAMI, FL 33126~~ **US**

40019609



2. Principal Place of Business 3. Mailing Address

7481 NW 8th ST
 Suite, Apt. #, etc.

7623 SOUTHAMPTON TERR, APT B
 Suite, Apt. #, etc. **8407**

02052005 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI **TAMARAC FLA**

4. FEI Number Applied For

59-2441090 Not Applicable

Zip Country Zip Country

FL **33126** **33321-9131** **FLA**

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

6. Name and Address of Current Registered Agent

MARCUS, LEONARD
~~7340 NW 8TH ST~~
~~MIAMI, FL 33126~~

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
7623 SOUTHAMPTON TERR

APT B, 407

City **TAMARAC** FL Zip Code **33321-9131**

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  DATE **2-14-05**

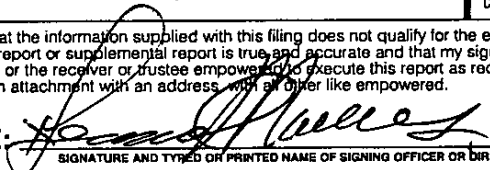
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	DP <input type="checkbox"/> Delete MARCUS, LEONARD 7340 NW 8TH ST MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7623 SOUTHAMPTON TERR - 8407 TAMARAC, FL. 33321-9131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date **2-14-05** Daytime Phone # **305-321-0227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR