


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90044 043 ***150.00

DOCUMENT # M88792 1. Entity Name ALLIANCE MONUMENT COMPANY	
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Principal Place of Business 5825 PLUNKETT ST. HOLLYWOOD, FL 33023 US	Mailing Address 5825 PLUNKETT ST. HOLLYWOOD, FL 33023 US
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01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0116389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARANY, SANDOR JR
5825 PLUNKETT ST
HOLLYWOOD, FL 33023

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 *Sandor Barany* DATE 3-22-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARANY, SANDOR JR
STREET ADDRESS	18200 SW 68TH COURT
CITY-ST-ZIP	SOUTHWEST, FL 33331
TITLE	X D
NAME	BARANY, TIM
STREET ADDRESS	5651 S W 55 ST
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S
NAME	BARANY, JANICE
STREET ADDRESS	18200 SW 68TH COURT
CITY-ST-ZIP	SOUTHWEST, FL 33331
TITLE	X VP
NAME	BARANY, TOM
STREET ADDRESS	5740 S W 54 CT
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Sandor Barany* 3-22-07 954-966-9415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #