

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003744

Entity Name: ALLIE G'S, INC.

FILED  
Jan 31, 2004  
Secretary of State

## Current Principal Place of Business:

816 E LAS OLAS BLVD.  
FT LAUDERDALE, FL 33301 US

## New Principal Place of Business:

4833 COLLINS AVE  
MIAMI BEACH, FL 33140 US

## Current Mailing Address:

816 E LAS OLAS BLVD.  
FT LAUDERDALE, FL 33301 US

## New Mailing Address:

4833 COLLINS AVE  
MIAMI BEACH, FL 33140 US

FEI Number: 65-0975983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERLING, LUCY  
816 E LAS OLAS BLVD.  
FT LAUDERDALE, FL 33301

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STERLING, LUCY  
Address: 816 E LAS OLAS BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: WALKER, RAY  
Address: 816 E LAS OLAS BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: MOCCIA, JOHNPAUL  
Address: 816 E LAS OLAS BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNPAUL MOCCIA

D

01/31/2004

Electronic Signature of Signing Officer or Director

Date