## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** DOCUMENT # P00000032398 May 10, 2005 08:00 AN 1. Entity Name **Secretary of State** THE ALLIANCE GROUP INDUSTRIES, INC. Principal Place of Business Mailing Address 11400 NW 32 AVENUE 11400 NW 32 AVENUE MIAMI, FL 33167-2901 MIAMI, FL 33167-2901 05042005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0999698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORDON, HOWARD DO NOT WRITE 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131 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 primited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PATEL, KIRAN NAME STREET ADDRESS 11400 NW 32 AVENUE UUUUUU368255 CITY-ST-ZIP MIAMI, FL 331672901 05/10/05-90002-018 158.75 VS. TITLE PATEL, ANIL NAME. STREET ADDRESS 11400 NW 32 AVENUE CITY-ST-ZIP MIAMI, FL 331672901 TITLE NAME PATEL, DIPAK STREET ADDRESS 11400 NW 32 AVENUE DO NOT WRITE CITY-ST-ZIP MIAMI, FL 331672901 TITLE VAS IN THIS SPACE PATEL, VIJAY NAME STREET ADDRESS 11400 NW 32 AVENUE CITY-ST-ZIP MIAMI, FL 331672901 TITLE NAME IRVINE, THOMAS STREET ADDRESS 11400 NW 32 AVENUE CITY-ST-ZIP MIAMI, FL 331672901 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

PATEL

5-4-2005

305-688-2250

Daytime Phone #