




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P01000038164</b> 1. Entity Name <b>ALWAYS LIVE ALWAYS DIFFERENT ENTERTAINMENT, INC.</b>		  <b>FILED</b> 05 APR 15 PM 2:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business      Mailing Address 1095 NW 58TH TERR      1095 NW 58TH TERR MIAMI FL 33127      MIAMI FL 33127		 04/06/05 90110 031 \$150.00 1st MOORE CR2E034 (10/04)
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Zip      Country		City & State Zip      Country
4. FEI Number      Applied For 65-1100730 <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired      \$8.75 Additional Fee Required <input type="checkbox"/>
6. Name and Address of Current Registered Agent <b>VEARGIS, BERNARD</b> 1095 NW 58TH TERR MIAMI FL 33127		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005: Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing      \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-
TITLE: D NAME: VEARGIS, BERNARD STREET ADDRESS: 1095 NW 58TH TERR CITY-ST-ZIP: MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE: P/D NAME: Bernard Veargis STREET ADDRESS: 1095 N.W. 58th CITY-ST-ZIP: MIAMI FL 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: COWART, TORSON STREET ADDRESS: 1095 NW 58TH TERR CITY-ST-ZIP: MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE: VP NAME: Cezari Harvey STREET ADDRESS: 920 N.W. 49th CITY-ST-ZIP: MIAMI FL 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: T NAME: KEMP, DWAYNE STREET ADDRESS: 1095 NW 58TH TERR CITY-ST-ZIP: MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE: Chairman NAME: Torson Cowart STREET ADDRESS: 1095 N.W. 58th CITY-ST-ZIP: MIAMI, FL 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: NORRIS, RICKY STREET ADDRESS: 3009 NW 51 TERRACE CITY-ST-ZIP: MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE: M NAME: Jerry Byrd STREET ADDRESS: 1505 N.E. 140st CITY-ST-ZIP: North Miami, FL 33161 <input type="checkbox"/> Change <input checked="" 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	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE: V.P. NAME: SABRINA VEARGIS STREET ADDRESS: 4939 N.W. 53rd CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> Change <input checked="" 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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-1-05      Daytime Phone #: (305) 790-6918