

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90019 038 \*\*\*150.00

<b>DOCUMENT # P01000045030</b> 1. Entity Name <b>ALLIGATOR INVESTMENT GROUP, INC.</b>					
Principal Place of Business <b>360 RACQUET CLUB ROAD #103</b> <b>WESTON, FL 33326</b>			Mailing Address <b>360 RACQUET CLUB ROAD #103</b> <b>WESTON, FL 33326</b>		
2. Principal Place of Business <b>7615 THORNLEE DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>7615 THORNLEE DR.</b> Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">24003812</div>	
City & State <b>LAKE WORTH, FL</b>		City & State <b>LAKE WORTH, FL</b>		4. FEI Number <b>65-1099646</b>	
Zip <b>33467</b>		Country <b>FLA BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOTOK, LESTER</b> <b>360 RACQUET CLUB ROAD #103</b> <b>WESTON, FL 33326</b> <b>7615 THORNLEE DR.</b> <b>LAKE WORTH, FL</b> <b>33467</b>			7. Name and Address of New Registered Agent  Name <b>LESTER KOTOK</b> Street Address (P.O. Box Number is Not Acceptable) <b>7615 THORNLEE DRIVE</b> <b>LAKE WORTH, FL 33467</b> City <b>FL</b> Zip Code <b>33467</b>		
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 <b>LESTER KOTOK</b> <span style="float: right;">1/6/04</span> <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, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KOTOK, LESTER 360 RACQUET CLUB ROAD #103 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7615 THORNLEE DRIVE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTOK, LESTER 360 RACQUET CLUB ROAD #103 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7615 THORNLEE DR. LAKE WORTH, FL 33467	<input checked="" 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
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)(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 another like empowered.					
SIGNATURE: <b>LESTER KOTOK</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/6/04 561-432 1784 <small>Date Daytime Phone #</small>		