

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000050429

1. Entity Name
ALTERNATIVE BUSINESS ADVICE, INC



Principal Place of Business

**8551 NW 48TH STREET
LAUDERHILL, FL 33351 US**

Mailing Address

**8551 NW 48TH STREET
LAUDERHILL, FL 33351 US**

DO NOT WRITE IN THIS SPACE



03202003 No Chg-P CR2E034 (10/03)

4. FCI Number
65-0110935

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOMFELT, KURT
8551 NW 48TH STREET
LAUDERHILL, FL 33351**

**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

Signature of officer or director of corporation and his full name

(NOTE: Registered Agent's signature required with this filing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DPST
HOMFELT, KURT
8551 NW 48 STREET
FORT LAUDERDALE, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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06/01/04-00001-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt R Homfelt KURT R HOMFELT 5/25/04 954-744-4068