


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90006 042 ***150.00

DOCUMENT # P01000070614

1. Entity Name
A.L.R. ORGANIZATION INC.



Principal Place of Business
**3140 SW 37TH TERRACE
 HOLLYWOOD FL 33023**

Mailing Address
**3140 SW 37TH TERRACE
 HOLLYWOOD FL 33023**

2. Principal Place of Business
15894 SW 52ST

3. Mailing Address
15894 SW 52ST

Suite, Apt. #, etc.

City & State
MIRAMAR FL

City & State
MIRAMAR FL

Zip
33027

Country
BROWARD

Zip
33027

Country
BROWARD



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**RIDLEY, AUDLEY
 3140 SW 37TH TERRACE
 HOLLYWOOD FL 33023**

4. FEI Number
NO-T APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

City
FL 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 **AUDLEY RIDLEY (President) Audley Ridley** DATE **2/15/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIDLEY, AUDLEY	
STREET ADDRESS	3140 SW 37TH TERRACE	(change address)
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDLEY RIDLEY	
STREET ADDRESS	15894 SW 52ST	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Audley Ridley** **AUDLEY RIDLEY** DATE **2/15/04** DAYTIME PHONE # **954 433 1159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR