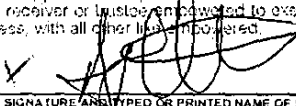


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000067077			
1. Entity Name AALD ENTERPRISES, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 6190 NW 32 Terrace Suite, Apt. #, etc.		3. Mailing Address 6190 NW 32 Terrace Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL Zip 33309 Country		City & State Ft. Lauderdale, FL Zip 33309 Country	
4. FEI Number 74-3048987		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Vettese, Andrew	
		Street Address (P.O. Box Number is Not Acceptable) 6190 NW 32nd Terrace	
		City Ft. Lauderdale FL Zip Code 33309	
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 required for each change of registered office or registered agent, or both, in the State of Florida. Signature required when changing office or agent.)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST Vettese, Andrew 6190 NW 32nd Terrace Ft. Lauderdale, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 on an attachment with an address, with all other information required.			
SIGNATURE: 		X 4-28-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			