2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90034 015 ***150.00

DOCUMENT # P02000116174

1. Entity Name
THE ADVISORS ALLIANCE, INC.

Principal Place of Business	Mailing Address
2071 SW OAKWATER PT. PALM CITY, FL 34990-7755 US	5434 W SAMPLE ROAD 239 MARGATE, FL 33073 US

2. Principal Place of Business	3. Mailing Address
3601 W. Commercial Blvd.	5434 W. Sample Road
Suite, Apt. #, etc. suite 39	Suite, Apt. #, etc. # 239
City & State Fort Lauderdale, FL	City & State Margate, FL
Zip / Country 33309 / US	Zip / Country 33073 / US

02042004 Chg-P CR2E034 (10/03)

4. FEI Number
05-0557695
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANDEL, HOWARD H
2071 SW OAKWATER PT.
PALM CITY, FL 34990-7755

7. Name and Address of New Registered Agent

Name
Dombrow, Allan B.

Street Address (P.O. Box Number is Not Acceptable)
3601 W. Commercial Blvd. Ste. # 39

City Fort 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 Allan B. Dombrow 2/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT DOMBROW, ALLAN B 5434 W SAMPLE ROAD, #239 MARGATE, FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Dombrow, Allan B. 5434 W. Sample Road #239 Margate, FL 33073	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS MANDEL, HOWARD H 2071 SW OAKWATER POINT PALM CITY, FL 349907755	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Allan B. Dombrow 2/5/04 954-777-0252 x 207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #