


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90018 048 ***150.00

DOCUMENT # P03000035574 1. Entity Name A & L SINGER ENTERPRISES, INC.					
Principal Place of Business 6745 PEMBROKE ROAD PEMBROKE PINES, FL 33023			Mailing Address 6745 PEMBROKE ROAD PEMBROKE PINES, FL 33023		
2. Principal Place of Business 6902 CYPRESS RD Suite, Apt. #, etc.			3. Mailing Address 6902 CYPRESS RD Suite, Apt. #, etc.		
City & State PLANTATION FL			City & State PLANTATION FL		
Zip 33317		Country USA		4. FEI Number 51-0455471	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07252004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LOOMAR, L. GREGORY ESQ. 1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, LARRY 6745 PEMBROKE ROAD PEMBROKE PINES, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SINGER, LARRY 20225 NE 34th CT APT 217 AVENTURA FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, ADRIANNE 6745 PEMBROKE ROAD PEMBROKE PINES, FL 33023 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGER, VIVIANNE 20225 NE 34th CT APT 217 AVENTURA FL 33180 <input type="checkbox"/> Change <input checked="" 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	
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 all other like empowered.					
SIGNATURE: <u>Larry Singer</u> LARRY SINGER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-2-04 954-9835210 <small>Date Daytime Phone #</small>		