

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90001 048 ***150.00

DOCUMENT # P03000046288	
1. Entity Name ALLIANCE ENTERPRISES INTERNATIONAL INC.	

Principal Place of Business 4039 KIAWA DRIVE ORLANDO, FL 32837	Mailing Address 4039 KIAWA DRIVE ORLANDO, FL 32837
--	--

04070000

2. Principal Place of Business 5149 Chelwyn Court	3. Mailing Address 5149 Chelwyn Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

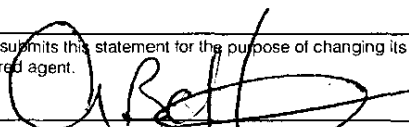
City & State ORLANDO, Florida	City & State ORLANDO, Florida
Zip 32837	Zip 32837
Country U.S.A.	Country U.S.A.



08212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent OFSTEIN, ANDREW B 4039 KIAWA DRIVE ORLANDO, FL 32837	
--	--

7. Name and Address of New Registered Agent	
Name Andrew B. Ofstein	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 5149 Chelwyn Court	
City ORLANDO	FL Zip Code 32837

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 	DATE 8/19/04

**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 P	<input type="checkbox"/> Delete
NAME OFSTEIN, ANDREW B	
STREET ADDRESS 4039 KIAWA DRIVE	
CITY-ST-ZIP ORLANDO, FL 32837	
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 5149 Chelwyn Court	
STREET ADDRESS ORLANDO, Florida 32837	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/04

Date

321 231 8953

Daytime Phone #