


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90386 045 \*\*\*150.00

<b>DOCUMENT # P03000067474</b>	
1. Entity Name <b>ALLIANCE REPORTING SERVICE, INC.</b>	

Principal Place of Business <b>1821 LYONS ROAD #207 COCONUT CREEK, FL 33063 US</b>	Mailing Address <b>P. O. BOX 819 FT. LAUDERDALE, FL 33302 US</b>
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2. Principal Place of Business <b>521 S. Andrews Ave.</b>	3. Mailing Address <b>521 S. Andrews Ave.</b>
Suite, Apt. #, etc. <b>ONE</b>	Suite, Apt. #, etc. <b>ONE</b>
City & State <b>Ft. Lauderdale FL</b>	City & State <b>Ft. Lauderdale FL</b>
Zip <b>33301</b>	Country <b>USA</b>



03202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0055572</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PESHEK, VICTORIA S 1821 LYONS ROAD #207 COCONUT CREEK, FL 33063</b>	
7. Name and Address of New Registered Agent Name <b>Peshek, Victoria S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>521 S. Andrews Ave, Suite One</b> City <b>Ft. Lauderdale</b> 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 *Victoria S. Peshek* DATE 4/14/04

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PESHEK, VICTORIA S 1821 LYONS ROAD #207 COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peshek, Victoria S. 521 S. Andrews Ave., Suite One Ft. Lauderdale, FL 33301 <input checked="" 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
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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 an other like empowered.

SIGNATURE: *Victoria S. Peshek* DATE 4/14/04 DAYTIME PHONE # 954-321-5418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR