

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90001 028 ***150.00

DOCUMENT # P03000095539					
1. Entity Name A.L. WEST, INC.					
Principal Place of Business 1595 N.E. 135TH STREET UNIT #439 MIAMI, FL 33161			Mailing Address 1595 N.E. 135TH STREET UNIT #439 MIAMI, FL 33161		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEE Number 03-0527025	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEST, ADAM L 1595 N.E. 135TH STREET UNIT #439 MIAMI, FL 33161			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D WEST, ADAM L 1595 N.E. 135TH STREET UNIT 439 MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEST, NICOLE 1595 N.E. 135TH STREET UNIT 439 MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete			
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: <i>Adam L. West</i> ADAM L. WEST 8/23/2004 305439-2718		

Attachment

August 23, 2004

A L West, Inc.
1595 N.E 135 St. #439
Miami, Fl. 33161

54069703
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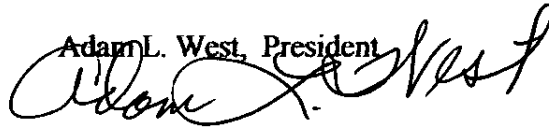
RE: Late Fee

Dear Sir or Madam,

I am writing this to notify the Division of Corporations that We never received notification of our filing date of May 1. The web site explained that I was to check a box at the bottom of the application that would indicate that we did not receive notification., there is no place on the application to make this indication. So I am submitting this letter indicating that we did not receive notification. We are submitting our annual report.

Cordially

Adam L. West, President

A handwritten signature in black ink, appearing to read "Adam L. West", written over a horizontal line.