


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90772 049 ***150.00

DOCUMENT # P03000098658	
1. Entity Name ALLIANCE LEADERSHIP GROUP, CORP	

Principal Place of Business 2884 OAKBROOK DRIVE WESTON FL 33332	Mailing Address 2884 OAKBROOK DRIVE WESTON FL 33332
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 20-0212346	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAMUD, ALEX JORGE 2884 OAKBROOK DRIVE WESTON FL 33332	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME MAMUD, ALEX JORGE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2884 OAKBROOK DRIVE		NAME	
CITY-ST-ZIP WESTON FL 33332		STREET ADDRESS	
TITLE SD <input type="checkbox"/> Delete	NAME FARRINGER-MAMUD, SHARON	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2884 OAKBROOK DRIVE		NAME	
CITY-ST-ZIP WESTON FL 33332		STREET ADDRESS	
TITLE TD <input type="checkbox"/> Delete	NAME MAMUD, ALYSHA MARIE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2884 OAKBROOK DRIVE		NAME	
CITY-ST-ZIP WESTON FL 33332		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Sharon M Mamud April 28, 2004 954-217-6952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #