


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000118340
 1. Entity Name
A & L ENTERPRISES OF KENDALL INC.



Principal Place of Business: **10830 SW 79TH AVENUE MIAMI FL 33156**
 Mailing Address: **10830 SW 79TH AVENUE MIAMI FL 33156**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **65-1207962**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LOWERY, ASTRID
10830 SW 79TH AVENUE
MIAMI FL 33156

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 \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> Delete	NAME: LOWERY, ASTRID STREET ADDRESS: 10830 SW 79TH AVENUE CITY-ST-ZIP: MIAMI FL 33156
TITLE: ST <input type="checkbox"/> Delete	NAME: LOWERY, JAMES H STREET ADDRESS: 10830 SW 79 AVE CITY-ST-ZIP: MIAMI FL 33156
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 type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

1100000284383
 04/02/05-80002-025 150.00

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: *Astrid Lowery, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05 305-596-2963
 Date Daytime Phone #