2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118340

Name:

Address:

City-St-Zip:

WILLIAM, LOWERY A

10830 SW 79 AVE

MIAMI, FL 33156

Entity Name: A & L ENTERPRISES OF KENDALL INC.

FILED Apr 15, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
10830 SW MIAMI, FL	79TH AVENU 33156	E			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
10830 SW MIAMI, FL	79TH AVENU 33156	E			
FEI Number:	: 65-1207962	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MIAMI, FL	79TH AVENU 33156 US		ournose of changing its registered	office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registered	ronice of registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (LOWERY, AST 10830 SW 79T MIAMI, FL 331	H AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (LOWERY, JAN 10830 SW 79 A MIAMI, FL 331	AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	VP () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ASTRID LOWERY PRES 04/15/2009