

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90017 027 \*\*\*150.00

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01102005 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                                     |                                                                  |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000046281</b><br>1. Entity Name<br><b>ALLIANCE MANAGEMENT CENTER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                                                                     |                                                                  |                                                                   |  |
| Principal Place of Business<br><b>4831 NW 99TH COURT<br/>MIAMI, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                                                                     | Mailing Address<br><b>4831 NW 99TH COURT<br/>MIAMI, FL 33178</b> |                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | 3. Mailing Address                                                                                                  |                                                                  |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | Suite, Apt. #, etc.                                                                                                 |                                                                  |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | City & State                                                                                                        |                                                                  |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                | Zip                                                                                                                 | Country                                                          |                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                                     |                                                                  | 4. FEI Number                                                     |  |
| REY, ALFONSO C<br>4831 NW 99TH COURT<br>MIAMI, FL 33178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                                                                     |                                                                  | <b>20-0874898</b>                                                 |  |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                                                                     |                                                                  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                                                     |                                                                  | Zip Code<br><b>FL</b>                                             |  |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                                                                     |                                                                  |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 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> |                                                                  |                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11            |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>REY, ALFONSO C<br/>4831 NW 99TH COURT<br/>MIAMI, FL 33178</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 all other like empowered. |                                                                                                        |                                                                                                                     |                                                                  |                                                                   |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                                                                                                     | Date <b>1-7-05</b> Daytime Phone # _____                         |                                                                   |  |