

FOR PROFIT CORPORATION
ANNUAL REPORT

For Office Use Only

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DOCUMENT # 104000103441

1. Entity Name

AMERICAN LEGAL SOLUTIONS INC



FILED

11 MAY 25 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

7651 SIMMS ST

Suite, Apt. #, etc.

3. Mailing Address

7651 SIMMS ST

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

HOollywood FL

City & State

HOollywood FL

4. FEI Number

743127274

Applied For

Not Applicable

Zip

33024

Country

U.S

Zip

33024

Country

U.S

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MOHAMMAD K. CITARMIN

Street Address (P.O. Box Number is Not Acceptable)

9917 PINES BLVD

City

TEMPERANCE PINES FL

Zip Code

33024

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

K. Citarmine

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$580.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

E-mail Address:

americanlegal@comcast.net

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
MOHAMMAD K. CITARMIN
7651 SIMMS ST
HOollywood FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered, and aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

K. Citarmine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

954-534-9282