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DIV OF CORP

APPROVED
AND

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000149593					
1. Entity Name ALSV, INC.					
Principal Place of Business 3520 SW 50TH TERRACE FORT LAUDERDALE, FL 33314			Mailing Address 3520 SW 50TH TERRACE FORT LAUDERDALE, FL 33314		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TOLCHIN, RICHARD 3520 SW 50TH TERRACE FORT LAUDERDALE, FL 33314			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consolidating)					
FILE MONTH FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	TOLCHIN, RICHARD	3520 SW 50TH TERRACE	FORT LAUDERDALE, FL 33314		
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 Block 11 if changed, or on an attachment with an address, with all other filers empowered.					
SIGNATURE: <u>Richard Tolchin</u>		President		5/12/06 954.316.4625	
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR					

MAIL
ALSV

ALSV Inc.

Box 291438
Fort Lauderdale, FL 33329-1438

40092700



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6/13/06