


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED  
Mar 21, 2008 08:00 A  
Secretary of State**

DOCUMENT # P93000010973  
1. Entity Name  
ALTON JAL INC.



Principal Place of Business 523 MICHIGAN AVE MIAMI BCH, FL 33139 US	Mailing Address 523 MICHIGAN AVE MIAMI BCH, FL 33139 US
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**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0387655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRYD JONATHAN  
523 MICHIGAN AVE  
MIAMI BCH, FL 33139

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

DATE  
04/08/08-80001-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRYD, JONATHAN 523 MICHIGAN AVE MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS RESNICK, JAMES 1228 ALTON RD MIAMI BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 3/18/08 DAY/TIME PHONE #: 305-673-2948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR