


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91771 019 ***150.00

DOCUMENT # P93000080632	
1. Entity Name AL EHRlich, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14080-D NESTING-WAY		3. Mailing Address 14080-D NESTING-WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELRAY BCH, FL		City & State DELRAY BCH, FL	
Zip 33484	Country USA	Zip 33484	Country USA

NEW MAILING ADDRESS

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-045 2047		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name AL EHRlich	
	Street Address (P.O. Box Number is Not Acceptable) 14080-D NESTING-WAY	
	City DELRAY BCH	FL Zip Code 33484

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 *AL EHRlich* DATE 5-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AL EHRlich 14080-D NESTING-WAY DELRAY BCH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *AL EHRlich* DATE 5-1-03 561-573-1394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E0348 (12/02)