2008 FOR PROTIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P9400003294 1. Entity Name AMERICAN LEISURE RESORTS, INC.								FILED 08 DEC 30 PM 1: 01				
Principal Plac	e of Busines	5	Mailing Address									
429 LENOX AVE. Miami Beach, Fl 33139 US			429 LENOX AVE. Miami Beach, Fl. 33139 us				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	lace of Busin	ness - No P.O, Box #	3. Mailing Address				i ja aitari ili	<u> </u>			. Ellikul 1001	
Suite, Apt. #, etc			Suite, Apt. #, etc.				12172008	Chg-P	CR2E	034 (12/0	6)	
City & State			City & State				4. FE! Numbe			 +	Applied For Not Applicable	
Zip		Country	Zip	Coun	try			of Status Desired		\$8.75 A		
6. Name and Address of Current			t Registered Agent	Name	7. Name and Address of New Registered Agent							
SHEAR, DAVID						Street Address (P.O. Box Number is Not Acceptable)						
201 ALHAMBRA CIRCLE SUITE 601				Silger Address (F.O. DOX Number is Not Acceptable)								
CORAL GABLES, FL 33134				City				FI	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											th, and accept	
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE												
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	DOTO	OFFICERS AND		11.				CHANGES TO OF	FICERS AN			
TITLE NAME	PSTD Delete TITL COHEN, LEON					461 Perc	2. AN	A		€ Chang	ge	
STREET ADDRESS CITY-ST-ZIP	429 LENC MIAMI BE	OX AVE EACH, FL 33139			ET ADDRESS -ST-ZIP	429 Lenox Ave Migmi Becch, FL 33139						
TITLE NAME	☐ Delete TIV				E	W.177	3133 1.23			☐ Chang	ge 🔲 Addition	
STREET ADDRESS					ET ADDRESS		·					
CITY-ST-ZIP TITLE	CHY.					700139355837 12/30/0801033013 ***51,25						
NAME STREET ADDRESS			NAM STRE	IAME 12/30/00=0103				15015	ነ ሞሞር	1.25		
CITY-ST-ZIP			· · · · · ·	CITY	-ST-ZIP							
NAME			☐ Deicte	NAM						Chang	ge 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE NAME			☐ Delete	TITU						☐ Chang	e Addition	
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP			☐ Dolete	THE	-ST-ZIP				,	☐ Chang	je 🗌 Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS				~	١	1 -	
CITY-ST-ZIP			to their filling place and accept to		-ST-ZIP	tain and	in Charter 117	Slorido Statute	L further se		e information	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier ental report of the trouble 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 arteriasmost with an address, with all other like empowered.												
12/10/08 205-532-3200												
SIGNATURE: SIGNATURE: SIGNATURE INCOMPED OR PRINTED NAME-OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #												