


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90129 020 ***158.75

DOCUMENT # P95000094156

1. Entity Name
ALROY, INC.



Principal Place of Business
**11 ALSTON ROAD
PALM BEACH GARDENS FL 33418**

Mailing Address
**11 ALSTON ROAD
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FISCH, RALPH
11 ALSTON ROAD
PALM BEACH GARDENS FL 33418**

4. FEI Number **65-0647281**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	MISHAAN, A. ROY	
STREET ADDRESS	24 RABBITS RUN	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	MISHAAN, ALBERTO	
STREET ADDRESS	2333 BRICKELL AVENUE APT 1901	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MISHAAN, SALOMON	
STREET ADDRESS	2333 BRICKEL AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	P	<input type="checkbox"/> Delete
NAME	MISHAAN, SALOMON	
STREET ADDRESS	10175 COLLINS AVE.	
CITY-ST-ZIP	BAL HARBOUR FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/6/03** **561/694-0080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)