


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90034 023 \*\*\*138.75  
 04-30-2004 90316 037 \*\*\*\*\*11.25

**DOCUMENT # P97000044120**  
 1. Entity Name  
**ALZ CORPORATION**



Principal Place of Business      Mailing Address  
**3070 NW 87TH STREET**      **3070 NW 87TH STREET**  
**MIAMI, FL 33147**              **MIAMI, FL 33147**

**DO NOT WRITE IN THIS SPACE**



03312004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0755873</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRESLEY, PATRICIA A**  
**3080 NW 87TH ST**  
**MIAMI, FL 33147**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PRESLEY, PATRICIA A 3070 NW 87TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESLEY, TIFFANY Z 3070 NW 87TH STREET MIAMI, FL 33147
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Presley*      **PATRICIA A. PRESLEY**      8/31/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

STATE OF FLORIDA