

# 2004 FOR PROFIT CORPORATION, ANNUAL REPORT

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                     |                                                                     |                                                                                                             |  |
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| DOCUMENT # P98000017552                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                     |                                                                     |                            |  |
| 1. Entity Name<br><b>A.L. MASONRY INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                     |                                                                     |                                                                                                             |  |
| Principal Place of Business<br><b>8428 W. OAKLAND PARK<br/>SUNRISE, FL 33067</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                     | Mailing Address<br><b>7431 NW 39TH ST.<br/>LAUDERHILL, FL 33319</b> |                                                                                                             |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   | 3. Mailing Address  |                                                                     |                                                                                                             |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | Suite, Apt. #, etc. |                                                                     |                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   | City & State        |                                                                     |                                                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | Country             |                                                                     | Zip                                                                                                         |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | Country             |                                                                     | Country                                                                                                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                     |                                                                     | 7. Name and Address of New Registered Agent                                                                 |  |
| LIVERPOOL, RUTH<br>5848 LEITNER DR E<br>PARKLAND, FL 33067                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                     |                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 <u><i>Ruth Liverpool</i></u> DATE <u>5-12-04</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                     |                                                                     |                                                                                                             |  |
| <div style="display: flex; justify-content: space-between;"> <div>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</div> <div>9. Election Campaign Financing<br/>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br/>Added to Fees</div> <div>In accordance with s. 607.193(2)(b), F.S., the<br/>corporation did not receive the prior notice.</div> </div>                                                                                                                                                                                                                                                               |                                                                                                   |                     |                                                                     |                                                                                                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>LIVERPOOL, ALDWYN<br>5448 LEITNER DR E<br>PARKLAND, FL 33067 <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>LIVERPOOL, RUTH<br>5448 LEITNER DR E<br>PARKLAND, FL 33067 <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | 000000160705 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>05/17/04-80010-004 150.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |  |
| 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: <u><i>Aldwyn Liverpool</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                     | 5-12-04 954-746-5011                                                |                                                                                                             |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                     | Date Daytime Phone #                                                |                                                                                                             |  |