## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

- 5.15

## FILED Mar 23, 2005 8:00 am Secretary of State

DOCUMENT # P99000010496  1. Entity Name ALISOPH ENTERPRISES, INC.							03-23-2005 9	90022 024 ***150.	00
Principal Plac 1910 5.E. 21 DEERFIELD E		Mailing Address 1910 S.E. 2ND STREET DEERFIELD BEACH, FL							···
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03092005	Chg-P	CR2E034 (10/03)	
City & State		City & State				4. FEI Numbe		<del> </del>	oplied For ot Applicable
Zip	Country Zip		Coun	Country 5. Certificate of Sta		of Status Desired	S8.75 Add		
6. Name and Address of Current Registered Agent						7. Name and	Address of New I	Registered Agent	
NDESCO	DC ADI			. Name	משה	זמגשת			
KRESER, PEARL 1910 SE 2ND ST				KRESER, PEARI. Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BEACH, FL 33441				280 SE 18th AVE					
					EERFEIELD BEACH FL Zip Code 33441				
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office o	r register	ed agent, or bot	h, in the State of F		
ino oonga.	A registered agoni.	N-AAL MAEER	-07	_	$\mathcal{U}$	1_		~ 41. O #	,
SIGNATURE Signature, hypodo-primod hained registered agent and title if applicable. (NOTE: Registered Agent signature required when fansisting)  OATE  OATE									<del>*•</del>
FILE NOWIII - FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						.00 May Be ed to Fees			
10.	OFFICERS AND		11.		I	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	
TITLE NAME	PD MALTZ, SONNET	☐ Delete	TITLE		PD	777 CON	Prino	K Change	☐ Addition
STREET ADDRESS				MALTZ, SONNET REETADDRESS 280 SE 18th Ave					
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY	-ST-ZIP	Deerfield Beach, FL 33441				
TITLE	VPD Delete			VPD			☐ Addition		
NAME	KRESER, PEARL			NAME KRE		SER, PE	ARL		
STREET ADDRESS CITY-ST-ZIP	SS 1910 SE 2ND ST. DEERFIELD BEACH, FL 33441					SE 18t			
TITLE		☐ Delete	TITLE		Dee	rfield	Beach,	FI. 33441	☐ Addition
NAME			NAM		}				
STREET ADDRESS CITY-ST-ZIP				et address -st-zip					
TITLE			+	<del></del>	<del>                                     </del>			Change	- Addition
NAME			■ 1113cc	TITLE NAME				□ Change	☐ Addition
		☐ Delete							
STREET ADDRESS		Li Delete	NAME	et adoress					
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CITY-ST-ZIP		Delete	NAME STREE CITY- TITLE	E Et adoress -St-Zip				☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP				☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E				· <u>· · · · · · · · · · · · · · · · · · </u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SJ-ZIP TITLE		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP				· <u>· · · · · · · · · · · · · · · · · · </u>	

12. I nereby 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 suppliemental 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 recovery rustee 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 AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MARCH 14, 05, 954-480-282

Daytime Phone #