2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 09, 2004 8:00 am Secretary of State

			_			DOOL	terry Or b	June	
DOCUMENT # P99000064697 1. Entity Name ALAN SPERLING, P.A.						09-09-2004 90013 002 ***150.00			
Principal Plac	e of Business	1	Mailing Address						
†0848 LA SALINAS CIRCLE BOCA RATON, FL 33428		10848 LA SALINAS CIRCLE BOCA RATON, FL 33428			24084350				
								 	
2. Principal Place of Business		3. Mailing Address							
2267 NW 3014 Road Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>					
Oute, Apr.	ir, cto.		Solito, Apri. #, etc.		09032004	Chg-P	CR2E034 (10/0	03)	
City & Stat			City & State	***************************************	4. FEI Numb	er		Applied For	
	Raton	Florida			65-092	8370		Not Applicable	
Zip		Country	Zip	Country	5. Certificate	of Status Desired		Additional	
3343		USA and Address of Curren	t Pagistared Agent	1	7 Name and	Address of Nove	Fee Req	uired	
	o. Name	and Address of Current	negistered Agent	Name	7. Name and	Address of New	Registered Agent		
SPERLING	3, ALAN				alan S	erling			
10848 LA				Street Addr	ress (P.O. Box Numb	er is Not Accepta	ble)		
BOCA RA	TON, FL 3	3428				1 . 0			
					7 NW 30	th ROA			
				City Bo	oug Rator	7	FL 꺃	ode 1437	
8. The above	named entity	submits this statement f	or the purpose of changing its re	gistered office or rec	gistered agent, or bo	th, in the State of	Florida. I am familiar v	ith, and accept	
the official	lions of registe	ered agent.	2						
SIGNATURE_		Mun Soan	lina						
	Signature, typed o	or printed name of registered agen	t and title Lopplicable. (NOTE: F	Registered Agent signature re	equired when reinstating)		DATE		
		•					DATE		
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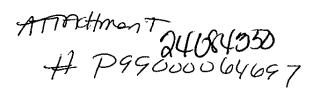
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sufficated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 03, 2004

Daytime Phone #



Alan Sperling 2267 NW 30th Road Boca Raton, Florida 33431

To: Florida Department Of State/ Divisions Of Corporations

RE: 2004 Uniform Business Report

This letter is to confirm that I had originally filled out form on-line in the Month of April 2004 with a fee of \$150.00 & possibly did not hit the submit button & since that time had moved principal residence & still have credit card statements undermined within boxes to confirm if it actually went thru to provide proof. Subsequently received last month thru the mail being forwarded over from prior residence the possibility of payment not being received so I am enclosing another payment now in the form of a check# 1248 for ______ \$150.00 for re-instatement & upon finding proof of payment than we can just credit for 2005.

Thank-you in advance & please changes your records to reflect new address.

Sincerely,

alan Spaling
Alan Sperling