


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # S57700  
 1. Entity Name  
 AL'S SERVICES, INC.



Principal Place of Business      Mailing Address  
 661 W. SMITH ST.                      661 W. SMITH ST.  
 ORLANDO, FL 32804                      ORLANDO, FL 32804

**DO NOT WRITE IN THIS SPACE**



07062004      No Chg-P      CR2E034 (10/03)

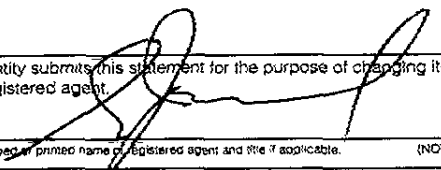
4. FEI Number      Applied For  
 59-3068879      Not Applicable

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

6. Name and Address of Current Registered Agent  
 JAWAD, ALI  
 661 W. SMITH ST.  
 ORLANDO, FL 32804

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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:       DATE: 7/18/04

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when self-staffing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JAWAD, ALI
STREET ADDRESS	661 WEST SMITH ST.
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	V
NAME	JAWAD, LILA
STREET ADDRESS	661 WEST SMITH ST.
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/19/04-80002-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that this 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:       DATE: 7/18/04      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR