2004 FOR PROFIT CORPORATION ANNUAL REPORT

2	004 FOR PROFIT ANNUAL	CORPORAT	ION	FILED Feb 09, 2004 8:00 am
DOCUMENT # V41861 1. Entity Name AWL PHASE ENTERPRISES, INC.				Secretary of State 02-09-2004 90019 009 ***150.00
Principal Place of Business 11261 INTERCHANGE CR SOUTH HOLLYWOOD, FL 33025 US		Mailing Address 11261 INTERCHANGE CR SOUTH HOLLYWOOD, FL 33025 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 65-0337800 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required
	6Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
SINGER, BERNARD A. 4700 SHERIDAN STREET SUITE B HOLLYWOOD, FL 33021			310	
		,	City F	FL Zip Code
the opligati SIGNATURE	Signature, typed or printed name of registered agent ar E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	id title if applicable. (NOTE: 9. Election Campaig	Registered Agent signatu	or registered agent, or both, in the State of Florida, I am familiar with, and accept ature required when reinstating) DATE \$5.00 May Be Added to Fees
10.	OFFICERS AND L	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREFT ADDRESS CITY-ST-ZIP	DPS MCMAHON, MICHAEL F. 11261 INTERCHANGE CR S HOLLYWOOD, FL 33025	Delete ·	TITLE NAME Street Address City-st-zip	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCMAHON, MICHAEL F. 11261 INTERCHANGE CR S HOLLYWOOD, FL 33025	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗍 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMAHON, CHRISTOPHER 3015 SW 141 AVE HOLLYWOOD, FL 33023	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3012 5.W. 141 AVL. Miramar, F1. 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change [] Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change . Addition
TITLE NAME STREET ADDRESS CITY- ST-7IP		Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	
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: Multiple on printed NAME OF SIGNING OFFICER OR DIRECTOR PRESS Den T Dates. Daysone Printed MARCH AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESS DEN T Dates. Daysone Printer #				