

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # V41861

1. Entity Name
AWL PHASE ENTERPRISES, INC.



Principal Place of Business
**11261 INTERCHANGE CR SOUTH
HOLLYWOOD, FL 33025 US**

Mailing Address
**11261 INTERCHANGE CR SOUTH
HOLLYWOOD, FL 33025 US**



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0337800

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SINGER, BERNARD A P.A.
3107 STIRLING RD #105
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MCMAHON, MICHAEL F.
STREET ADDRESS	11261 INTERCHANGE CR S
CITY - ST - ZIP	HOLLYWOOD, FL 33025
TITLE	T
NAME	MCMAHON, MICHAEL F.
STREET ADDRESS	11261 INTERCHANGE CR S
CITY - ST - ZIP	HOLLYWOOD, FL 33025
TITLE	VP
NAME	MCMAHON, CHRISTOPHER
STREET ADDRESS	3012 SW 141 AVE
CITY - ST - ZIP	HOLLYWOOD, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000282168
03/31/05-80032-017 150.00

**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)(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: Michael McMahon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-05
Date

954-432-0960
Daytime Phone #