

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M62165

**Entity Name:** ALH, INC.

**Current Principal Place of Business:**

C/O MOLLY LEVINE  
1497 NW 7 STREET  
MIAMI, FL 33125

**Current Mailing Address:**

C/O MOLLY LEVINE  
1497 NW 7 STREET  
MIAMI, FL 33125 US

**FEI Number:** 65-0012871

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVINE, MOLLY  
C/O MOLLY LEVINE  
1497 NW 7 STREET  
MIAMI, FL 33125 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LEVINE, MOLLY  
Address 1497 NW 7 STREET  
City-State-Zip: MIAMI FL 33125

Title VP  
Name ADIN, CAROLE  
Address C/O MOLLY LEVINE  
1497 NW 7 STREET  
City-State-Zip: MIAMI FL 33125

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MOLLY LEVINE

**PRESIDENT**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date