


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026650
 1. Entity Name
 ALI IMPORT/EXPORT, LLC



Principal Place of Business Mailing Address
 815 PONCE DE LEON BOULEVARD STE. P-201 815 PONCE DE LEON BOULEVARD STE. P-201
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 26-0056897 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LANGSTADY, OLIVER J ESQ
 815 PONCE DE LEON BOULEVARD STE. P-201
 CORAL GABLES, FL 33134

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B. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALI, ADEL
STREET ADDRESS	815 PONCE DE LEON BOULEVARD STE. P-201
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	HUSSEIN, JEBEL
STREET ADDRESS	815 PONCE DE LEON BOULEVARD STE. P-201
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	ALI, ABDI
STREET ADDRESS	815 PONCE DE LEON BOULEVARD STE. P-201
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000089703
 03/15/04-80102-011 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Adel Ali* MANAGER 12-24-04 (305) 461-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #