

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000026650



1. Entry Name
 ALI IMPORT/EXPORT, LLC

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

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



01112006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 26-0056897 Applied For
 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

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
 Due by May 1, 2006

UD0000432292
 11/23/06-80062-019 50.00

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

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 CITY-ST-ZIP

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 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-1-06 (05) 648-3909
 Date Daytime Phone #