


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90377 005 \*\*\*\*50.00

**DOCUMENT # L04000028788**

1. Entity Name  
**ALA USA TRADING, L.L.C**



Principal Place of Business  
**1401 N. MAIN ST.**  
**KISSIMMEE, FL 34744 US**

Mailing Address  
**1401 N. MAIN ST.**  
**KISSIMMEE, FL 34744 US**

**30008880**



2. Principal Place of Business  
**3363 W. VINE ST.**  
 Suite, Apt. #, etc.  
**SUITE 205**

3. Mailing Address  
**3363 W. VINE ST.**  
 Suite, Apt. #, etc.  
**SUITE 205**

05102005 Chg-LLC CR2E083 (10/03)

City & State  
**KISSIMMEE, FL**

City & State  
**KISSIMMEE, FL**

Zip  
**34741**

Country  
**US**

Zip  
**34741**

Country  
**US**

4. FEI Number  
**20-1008849**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOTIWALA, MOHAMMED**  
~~1401 N. MAIN ST.~~ **3363 W. VINE ST. STE 205**  
~~KISSIMMEE, FL 34744~~ **KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  DATE **05/20/05**

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

Filing Fee is **\$80.00**  
 Due by **September 7, 2005**

Make check payable to  
**Florida Department of State**

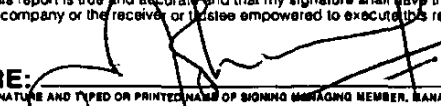
9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME               | STREET ADDRESS   | CITY-ST-ZIP         | <input type="checkbox"/> Delete     |
|-------|--------------------|------------------|---------------------|-------------------------------------|
| MGR   | MOTIWALA, MOHAMMED | 1401 N. MAIN ST. | KISSIMMEE, FL 34744 | <input checked="" type="checkbox"/> |
|       |                    |                  |                     | <input type="checkbox"/>            |
|       |                    |                  |                     | <input type="checkbox"/>            |
|       |                    |                  |                     | <input type="checkbox"/>            |
|       |                    |                  |                     | <input type="checkbox"/>            |
|       |                    |                  |                     | <input type="checkbox"/>            |

10. ADDITIONS/CHANGES

| TITLE | NAME               | STREET ADDRESS           | CITY-ST-ZIP         | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|--------------------|--------------------------|---------------------|-------------------------------------|-----------------------------------|
| MGR   | MOTIWALA, MOHAMMED | 3363 W. VINE ST. STE 205 | KISSIMMEE, FL 34741 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |                    |                          |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                    |                          |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                    |                          |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                    |                          |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                    |                          |                     | <input type="checkbox"/>            | <input type="checkbox"/>          |

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:  DATE **5/20/05** (47935-0371)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE