


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90050 004 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P04000073804 1. Entity Name ALI'I, INC. | | | |  | |
| Principal Place of Business 345 OCEAN DR. MIAMI BEACH, FL 33139 | | | Mailing Address 345 OCEAN DR. MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business - No P.O. Box # 48 FORREST AVE | | 3. Mailing Address 48 FORREST AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State RUMSON, NJ | | City & State RUMSON, NJ | | 4. FEI Number 84-1672475 | |
| Zip 07760 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FARR, MATTHEW 345 OCEAN DR. MIAMI BEACH, FL 33139 | | | 7. Name and Address of New Registered Agent Name Robert Dreibebeis Street Address (P.O. Box Number is Not Acceptable) 4878 HW 114 Ct City Doral FL Zip Code 33178 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS FARR, MATTHEW 345 OCEAN DR. MIAMI BEACH, FL 33139 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS FARR, MATTHEW 48 FORREST AVE. RUMSON, NJ 07760 | |
| <input type="checkbox"/> Delete | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT KAPLAN, DOUGLAS L 300 E. 75TH STREET-APT. 34H NEW YORK, NY 10021 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4/25/07 917.657.5817 Date Daytime Phone # | | |