

FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # H87748

1. Entity Name
 AKHTER & ALI, INC.



Principal Place of Business
 12212 S.W. 8TH ST.
 1840 W. 49TH ST, S-226
 MIAMI, FL 33184 US

Mailing Address
 12212 S.W. 8 ST.
 1840 W. 49TH ST, S-226
 MIAMI, FL 33184 US



04292004 No Chg-P CR2EQ34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

5. Name and Address of Current Registered Agent

PERVEZ, AKHTER
 5355 S.W. 133RD CT.
 SUITE 226 PALM SPRINGS CENTER
 MIAMI, FL 33183

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6. 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 fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

7. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

PO
 AKHTER, PERVEZ
 11969 SW 72 TERR
 MIAMI, FL 33183

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

D
 ALI, SHAUKAT
 19375 SW 48TH TERRACE
 MIAMI, FL

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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TITLE
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U000000151798
 05/04/04-80060-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

DATE

Daytime Phone #