


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90013 012 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERVEZ, AKHTER 5355 S.W. 133RD CT. SUITE 226 PALM SPRINGS CENTER MIAMI FL 33183				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AKHTER, PERVEZ 11969 SW 72 TERR MIAMI FL 33183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V. PRESIDENT HOSSINA AKHTER 11969 SW 72 TERR MIAMI FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALI-SHAUKAT 13375 SW 46TH TERRACE MIAMI FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: _____			8/9/06 305-223-1108		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		