

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90076 007 ***150.00

DOCUMENT # K52407 1. Entity Name ALI LANDSCAPING AND CLEANING SERVICE, INC.					
Principal Place of Business 3040 ALOMA AVE N16 WINTER PARK, FL 32792 US			Mailing Address 3040 ALOMA AVE N16 WINTER PARK, FL 32792 US		
2. Principal Place of Business 2523 N. ALAFAYA TRL		3. Mailing Address 2523 N. ALAFAYA TRL		 02092005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. APT # 41		Suite, Apt. #, etc. APT # 41			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32826		Zip 32826			
Country USA		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALI, SHARON SUZY 3040 ALOMA AVE N16 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2523 N. ALAFAYA TRL APT # 41 City ORLANDO FL Zip Code 32826		
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, 2005 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	PD ALI, SHARON SUZY 3040 ALOMA AVENUE N16 WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2523 N. ALAFAYA TRL APT 41 ORLANDO FL 32826	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ALI, FARZAN 3040 ALOMA AVE N16 WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2523 N. ALAFAYA TRL APT # 41 ORLANDO FL 32826	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
12. 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 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: <i>Sharon Suzy Ali</i> SHARON SUZY ALI <i>14 February 05</i> <i>1407-1-275-9170</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					