

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000026650

1. Entity Name  
ALI IMPORT/EXPORT, LLC



Principal Place of Business

815 PONCE DE LEON BOULEVARD STE. P-201  
CORAL GABLES, FL 33134

Mailing Address

815 PONCE DE LEON BOULEVARD STE. P-201  
CORAL GABLES, FL 33134



01092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
26-0056897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANGSTADY, OLIVER J ESQ  
815 PONCE DE LEON BOULEVARD STE. P-201  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALI, ADEL
STREET ADDRESS	815 PONCE DE LEON BOULEVARD STE. P-201
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	HUSSEIN, JEBEL
STREET ADDRESS	815 PONCE DE LEON BOULEVARD STE. P-201
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	ALI, ABDI
STREET ADDRESS	815 PONCE DE LEON BOULEVARD STE. P-201
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000089703  
03/15/04-80102-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: *X. Adel Ali* MANAGER

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

12-24-04 (305) 461-5667

Date

Daytime Phone #