

2008 FOR PROFIT CORPORATION ANNUAL REPORT

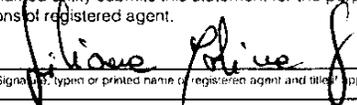
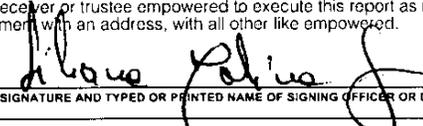
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2008 JAN 25 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142008 Chg-P CR2E034 (12/06)

| | | | | | |
|--|---|---------------------------------|---|---|-----------------------------------|
| DOCUMENT # P00000039865 | | | |  | |
| 1. Entity Name ALI MOLINA CORPORATION | | | | | |
| Principal Place of Business 1390 BRICKELL AVENUE STE 100 MIAMI, FL 33131 | | | Mailing Address 1155 BRICKELL BAY DRIVE STE 702 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-1001201 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ALI, RICARDO 1155 BRICKELL BAY DRIVE APT 702 MIAMI, FL 33131 | | | 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 \$150.00 After May 1, 2008 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ALI, RICARDO | | NAME | 800116098098 | |
| STREET ADDRESS | 1155 BRICKELL BAY DRIVE, APT 702 | | STREET ADDRESS | 01/25/08--01028--001 | **60.00 |
| CITY-ST-ZIP | MIAMI, FL 33131 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MOLINA, LILIANA | | NAME | 800116098098 | |
| STREET ADDRESS | 1155 BRICKELL BAY DRIVE APT 702 | | STREET ADDRESS | 01/29/08--01039--009 | **150.00 |
| CITY-ST-ZIP | MIAMI, FL 33131 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| STREET ADDRESS | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | Date: _____ Daytime Phone #: _____ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

1/28