


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-08-2006 90002 019 ***150.00
 08-29-2006 90002 018 ***400.00

DOCUMENT # P00000107449

1. Entity Name
 ALI GARDEN MEDICAL GROUP INC.



Principal Place of Business
 19710 NE 10TH COURT
 NORTH MIAMI BEACH FL 33179

Mailing Address
 PO BOX 693192
 MIAMI FL 33169

2. Principal Place of Business
 18168 N.W 89th PL

3. Mailing Address
 P O Box 693192

Suite, Apt. #, etc.

City & State
 HIALEAH FLA MIAMI FLA

4. FEI Number 65-7055415

Applied For
 Not Applicable

Zip
 33018

Country
 USA

Zip
 33269

Country
 USA

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

6. Name and Address of Current Registered Agent
 CHAGANI, LAILA F DR.
 19710 NE 10TH COURT
 NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent
 Name CHAGANI, LAILA DR.
 Street Address (P.O. Box Number is Not Acceptable)
 18168 N.W 89th Place
 City Hialeah FL Zip Code 33018

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

(NOTE: Registered Agent signature required when registering)

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.

9. Election Campaign Financing
 Trust Fund Contribution \$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 CHAGANI, LAILA F DR. 19710 NE 10TH COURT NORTH MIAMI BEACH FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAGANI LAILA DR 18168 NW 89 th Place Hialeah FL 33018 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Laila Chagani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone _____