


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90069 011 \*\*\*150.00

<b>DOCUMENT # P01000055319</b> 1. Entity Name <b>ALINE REPTILES INC</b>					
Principal Place of Business <b>36490 SW 192ND AVE FLORIDA CITY FL 33034</b>			Mailing Address <b>36490 SW 192ND AVE FLORIDA CITY FL 33034</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-1114530</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  <b>ALINE R. AZOD &amp; KAZAM 36490 SW 192ND AVE FLORIDA CITY FL 33034</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AZAD, ALINE R</b> <b>36490 S.W. 192ND AVE.</b> <b>HOMESTEAD FL 33034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>AZAD, KOZAM</b> <b>36490 S.W. 192ND AVE.</b> <b>HOMESTEAD FL 33034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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>Mai B. B. B.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/18/05 305-2461981 <small>Date Daytime Phone</small>		



ATTACHMENT  
**ALINE REPTILES, INC.** 66012217

FLORIDA CITY, FL USA.

TEL: (305)-246-1981

FAX: (305)-242-9428

URL : [HTTP://WWW.ALINEREPTILES.COM](http://www.alinereptiles.com)

E-MAIL : [INFO@ALINEREPTILES.COM](mailto:INFO@ALINEREPTILES.COM)

#801006055319

DATE: 03-30-05

TO WHOM IT MAY CONCERN,

I ALINE R. AZAD, SOLE OWNER AND OPERATOR OF "ALINE REPTILES  
~~DO HEREBY ASK FOR REMOVAL OF ALL OTHER NAMES TO BE~~  
REMOVED FROM ANY POSITIONS IN THIS COMPANY .

I HAVE NEVER AUTHORIZED ANY OTHER NAMES TO BE IN POSITIONS  
IN THIS COMPANY.

MY HUSBAND " KALAM AZAD" ARE SEPARATED AT THIS TIME, AND  
HE HAS NO CLAIM OVER THIS BUSINESS WHICH I STARTED AND WILL  
CONTINUE TO OWN AND OPERATE AS SOLE PROPRIETORSHIP.

IF YOU HAVE ANY QUESTION AT ALL, PLEASE FEEL FREE TO  
CONTACT ME AT THE NUMBER ABOVE.

THANK YOU VERY MUCH,

ALINE REPTILES, INC.

ALINE R. AZAD.



DEPARTMENT OF THE INTERIOR  
U.S. FISH AND WILDLIFE SERVICE

ATTACHMENT

3-201  
(1/97)

FEDERAL FISH AND WILDLIFE PERMIT

66012217  
#P01000055319

1. PERMITTEE

ALINE REPTILES, INC.  
38490 S. W. 182RD AVE.  
FLORIDA CITY, FL 33034  
U.S.A.

2. AUTHORITY-STATUTES  
16 USC 1538 (d)

REGULATIONS (Attached)  
50 CFR PART 13  
50 CFR PART 14

3. NUMBER  
LE832520-1

AMENDMENT

4. RENEWABLE

☒ YES  
☐ NO

5. MAY COPY

☒ YES  
☐ NO

6. EFFECTIVE  
08/01/2004

7. EXPIRES  
07/31/2005

8. NAME AND TITLE OF PRINCIPAL OFFICER (If not a business)  
ALINE R. RAKOTONIRINA  
OWNER

9. TYPE OF PERMIT  
IMPORT/EXPORT LICENSE

10. LOCATION WHERE AUTHORIZED ACTIVITY MAY BE CONDUCTED  
ANY DESIGNATED PORT PER 50 CFR 14.12

11. CONDITIONS AND AUTHORIZATIONS:

- A. GENERAL CONDITIONS SET OUT IN SUBPART D OF 50 CFR 13, AND SPECIFIC CONDITIONS CONTAINED IN FEDERAL REGULATIONS CITED IN BLOCK #2 ABOVE, ARE HEREBY MADE A PART OF THIS PERMIT. ALL ACTIVITIES AUTHORIZED HEREIN MUST BE CARRIED OUT IN ACCORD WITH AND FOR THE PURPOSES DESCRIBED IN THE APPLICATION SUBMITTED. CONTINUED VALIDITY, OR RENEWAL, OF THIS PERMIT IS SUBJECT TO COMPLETE AND TIMELY COMPLIANCE WITH ALL APPLICABLE CONDITIONS, INCLUDING THE FILING OF ALL REQUIRED INFORMATION AND REPORTS.
- B. THE VALIDITY OF THIS PERMIT IS ALSO CONDITIONED UPON STRICT OBSERVANCE OF ALL APPLICABLE FOREIGN, STATE, LOCAL OR OTHER FEDERAL LAW.
- C. VALID FOR USE BY PERMITTEE NAMED ABOVE.
- D. Licensee is authorized to import/export wildlife and/or wildlife products at the port(s) specified in Block 10.
- E. Licensed to engage in business as an importer/exporter of wildlife and/or wildlife products in accordance with the provisions of 50 CFR 14, Subpart I.
- F. Licensee must comply with inspection and clearance procedures as outlined in 50 CFR, Subpart E, 14.51 and 14.52, upon importation/exportation of wildlife and/or wildlife products.
- G. Licensee must also comply with all additional license conditions as set forth in 50 CFR 14.93.
- H. All live wildlife imports must comply with 50 CFR 14, Subpart J.
- I. Per 50 CFR 14.54: When Importers or their Agents expect Live or Perishable Shipments of Wildlife or Wildlife Products or Request Inspection at the Time of Arrival, They Must Notify the Service at Least 48 Hrs. Prior to the Estimated Time of Arrival.
- J. Per 50 CFR 14.93: An Import/Export License is Only Permission to Engage in Business as an Importer or Exporter of Wildlife. Such a License is in Addition to, and Does Not Supersede Any Other Requirement Established by Law for the Importation or Exportation of Wildlife.

☐ ADDITIONAL CONDITIONS AND AUTHORIZATIONS ALSO APPLY

12. REPORTING REQUIREMENTS

LICENSEE IS REQUIRED TO MAINTAIN RECORDS PER 50 CFR 14.93  
ACCEPTANCE OF THIS LICENSE AUTHORIZES INSPECTION PER 50 CFR 13.47.

ISSUED BY

*[Signature]*

TITLE

FOR: ARD, LAW ENFORCEMENT, REGION 4

DATE

07/14/2004