2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04 20 2004 2021 2 225 *** 1 50 20

DOCUMENT # P02000055200 1. Entity Name CONALI, INC.						04-29	-2004 902	213 035 *	**150.00	
CONALI										
Principal Plac	e of Business	Mailing Address					94	4 U / U /	40	
12345 SW 18 STREET 12345 SW 18 STREET										
306 306				· . [·						
MIAMI, FL 3	3175	MIAMI, FL 33175 🗼			1 4 8 0) J 6 1 1 1 1	BERIE HAN BERI ERIJ E	Halik arkal ekiri a			
2. Principal F	Place of Business	3. Mailing Address								
	W 122 Ave	1300 SW 122 Ave						115M 11M11 MM1(F DQ		
Suite, Apt. 121	#, etc.	Suite, Apt. #, etc.		0	4282004	Chg-P	CR2E0	34 (10/03)		
City & Stat		City & State		4.	FE! Numbe				oplied For	
- Miami		Miami Fl 3377			02-0602	2804			ot Applicable	ಬಾದಲ
33184	Country USA	Zip 33184	Country USA	5.	Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		7.	Name and	Address of New	Registered A	Agent		
FERNAND	DEZ, CONRADO		Name	Conr	ado Fe	rnandez				
1642 SOU	TH WEST 85TH COURT		Street Add	300° S1	Box Number	is Not Acceptat Avenue	ole)			
MIAMI, FL	33 133		. #	121			,			
			City	Miami	·····, <u>·</u> ·····		FL	Zip Cod	184	
	8. The above named entity stempts 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 boligar	tions of registered agent.									
SIGNATURE Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
					T					
FIL After M	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	Financing	\$5.00 Added to	May Be					
After M	ay 1, 2004 Fee will be \$550.0	Trust Fund Contrib	n Financing ution.	\$5.00 Added to	Fees	200000000000000000000000000000000000000		PISSOTON	,	,
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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/five 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 empoweled 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 diher like empowered.

Q.	CN	ATI	IDE	
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RE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04

(780) 201-208A