
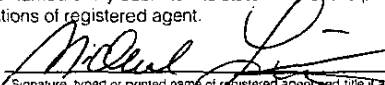
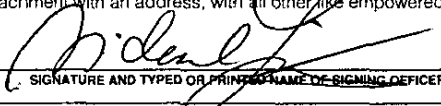


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90046 033 ***150.00

DOCUMENT # P03000086963			
1. Entity Name ALI'I CAPITAL, INC.			
Principal Place of Business 5707 NW 114 CT #106 MIAMI FL 33178		Mailing Address 5707 NW 114 CT #106 MIAMI FL 33178	
2. Principal Place of Business 5707 NW 114 CT		3. Mailing Address 5707 NW 114 CT	
Suite, Apt. #, etc. 106		Suite, Apt. #, etc. 106	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33178	Country US	Zip 33178	Country US
6. Name and Address of Current Registered Agent LITTMAN, MICHAEL 5707 NW 114 CT #106 MIAMI FL 33178		7. Name and Address of New Registered Agent 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  MICHAEL LITTMAN President (NOTE: Registered Agent Signature required when reinstating) DATE 1/26/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 D	NAME LITTMAN, MICHAEL	TITLE TREASURER	NAME SARAH LITTMAN
STREET ADDRESS 5707 NW 114 CT #106	CITY-ST-ZIP MIAMI FL 33178	STREET ADDRESS 5707 NW 114 CT	CITY-ST-ZIP MIAMI FL 33178
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL LITTMAN President DATE 1/26/04 Daytime Phone # 561-827-4317	