2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000086963

1. Entity Name
ALI'I CAPITAL, INC.

FILED
04 JUL 27 AM 10: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5707 NW 114TH CT 106 MIAMI, FL 33178	5707 NW 114TH CT 106 MIAMI, FL 33178

06112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11696 Dove Hollow Ave	P.O. Box 3295
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Bch FL	City & State: Boynton Bch FL
Zip: 33437 Country: Palm Bch	Zip: 33424-3295 Country: Palm-Bch

4. FEI Number: 52-2403099 ☐ Applied For ☐ Not Applicable

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

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: Ronnie Davidovich
Street Address (P.O. Box Number is Not Acceptable): 21185 Mainsail Circle, D-13
City: Aventura FL Zip Code: 33180

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: ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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	D LITTMAN, MICHAEL 5707 NW 114 CT #106 MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300040091093 08/11/04--01062--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITTMAN, SARAH 5707 NW 114TH CT MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 6/14/04 561-827-4317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #