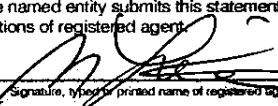
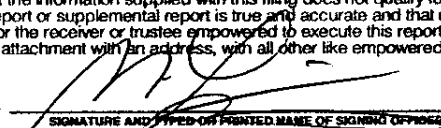


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000086963 1. Entity Name ALI'I CAPITAL, INC.					
Principal Place of Business 5707 NW 114TH CT 106 MIAMI, FL 33178			Mailing Address 5707 NW 114TH CT 106 MIAMI, FL 33178		
2. Principal Place of Business 10696 Dave Hillway Ave		3. Mailing Address P.O. Box 3295			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boynton Bch FL		City & State Boynton Bch FL		4. FEI Number 52-2403099	
Zip 33437		Country Palm Bch		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) 2185 Main Sail 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 date is 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	300040091033 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			561-8074317 Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Chg-P

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