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Secretary of State
02-03-2005 90027 033 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

2

DOCUMENT # P04000006427

1. Entity Name
AL-HAJ II CORPORATION

Principal Place of Business
13480 W. DIXIE HWY.
N. MIAMI, FL 33161

Mailing Address
13480 W. DIXIE HWY.
N. MIAMI, FL 33161

66004155

01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 2401 NW 30th Avenue
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33142 Country

3. Mailing Address: 2401 NW 30th Avenue
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33142 Country

4. FEI Number: 20-0577799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PEQUENO, TOMAS
2401 N.W. 30TH AVENUE
MIAMI, FL 33142

7. Name and Address of New Registered Agent
Name: Joe B. Cox c/o Cox & Nici
Street Address (P.O. Box Number is Not Acceptable)
1185 Immokalee Rd. Suite 110
City: Naples FL Zip Code: 34110

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	PSD PEQUENO, TOMAS 13480 W. DIXIE HWY. N. MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, V, S, T, D	☑ 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: [signature] Tomas Pequeno 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

p.5

Apr 08 2005 10:53AM HP LASERJET 3200