

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P07000004308

1. Entity Name

AALISH INVESTMENTS INC



**FILED
Mar 24, 2008 8:00 am
Secretary of State**

03-24-2008 90041 001 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address		
1000 9TH STREET NORTH ST PETERSBURG FL 33705	1000 9TH STREET NORTH ST PETERSBURG FL 33705		

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
--	--------------------	--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.		
---------------------	---------------------	--	--

City & State	City & State		
--------------	--------------	--	--

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent			
---	--	--	--

LAKHANI, AMEER
15912 PRINCE WILLIAM PLACE
ODESSA FL 33556

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

7. Name and Address of New Registered Agent			
---	--	--	--

Name RAHEEM BUDHANI

Street Address (P.O. Box Number is Not Acceptable)

1000 9th Street NORTH

City ST. Petersburg FL Zip Code 33705

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

Ameer Lakhani

3-9-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
--	--

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S BUDHANI, RAHEEM R 1000 9TH STREET NORTH ST PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
--	---	---------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
--	--	---------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
--	--	---------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
--	--	---------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
--	--	---------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
--	--	---------------------------------	--

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Raheem R. Budhani

3-9-08

678-471-3788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #