2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P95000011139 1. Entity Name DALAL OF MIAMI, INC. Principal Place of Business 12600 S.W. 8TH STREET MIAMI, FL 33184 Malling Address 12600 S.W. 8TH STREET MIAMI, FL 33184

FILED Aug 31, 2004 8:00 am Secretary of State

08-31-2004 90001 045 ***150.00

54070945 CR2E034 (10/03) 08252004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 65-0559148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DALAL, IQBAL DO NOT WRITE 12600 S.W. 8TH STREET MIAMI, FL 33184 IN THIS SPACE 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 egistered agent. SIGNATURE red egicik and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DALAL, IQBAL 1666 S.W. 136TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE MALAF DALAL ASLAM STREET ADDRESS 15116 S.W. 63RD TERRACE CITY-ST-ZIP MIAMI, FL 33193 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP 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 of 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 a patient like empowered.

SIGNATURE:

ROBATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25.04 305553460

ATTACHMENT 8/25/04

POBOX 1500

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LE: Document + 1 95000011139 DALAL OF MIAMI DNC. 12600 S.W. 8th SANET, MIAMI Fle - 33184

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