


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State


DOCUMENT # P97000065662

1. Entity Name
ALI & MECIT, INC.



Principal Place of Business 1211 A NORTH SURF ROAD HOLLYWOOD BEACH, FL 33019	Mailing Address 1211 A NORTH SURF ROAD HOLLYWOOD BEACH, FL 33019
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DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0777020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KALDIRIMOGLU, SEYFULLAH
 1211 A NORTH SURF ROAD
 HOLLYWOOD BEACH, FL 33019**

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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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KALDIRIMOGLU, SEYFULLAH 1211 A NORTH SURF ROAD HOLLYWOOD BEACH, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV KALDIRIMOGLU, SEVIL 1211 A NORTH SURF ROAD HOLLYWOOD BEACH, FL 33019
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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: _____ **4-25-05** **954-922-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #