


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 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



04152006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 exemptions contained in Chapter 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____