2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

1861 NORTH FEDERAL HIGHWAY SUITE 277 HOLLYWOOD FL 33020

DOCUMENT # P98000038008

1861 NORTH FEDERAL HIGHWAY SUITE 277 HOLLYWOOD FL 33020

1. Entity Name

A AALIYAH CORP.

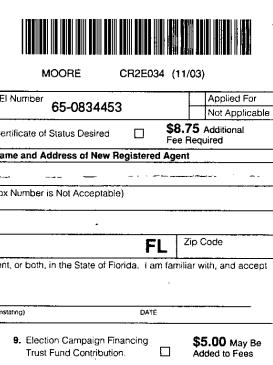
Principal Place of Business



FILED Jul 26, 2004 8:00 am Secretary of State

07-26-2004 90004 038 ***550.00

CIOPOUPG



2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State	e	City & State	City & State			4. FEI Number 65-0834453			
Zip	Country	Zip	Coun	try	5. C		B.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SHELLEY, MARLENE 1861 NORTH FEDERAL HIGHWAY SUITE 277 HOLLYWOOD FL 33020			~~ ~	Name Street Address (P.O. Box Number is Not Acceptable)					
			City		<u>.</u>	FL	Zip Code	•	
the obligat	ions of registered agent.					ent, or both, in the State of Florida. I am fai	niliar with,	and accept	
÷ :	Signature, typed or printed name of registered	agent and title if applicable. (I	NOTE: Registere	t Agent signature requ	ared when re	instating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.	\$5.0 (Added	May Be to Fees	
10.	OFFICERS .	AND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AND D	IRECTORS	IN 11	
TITLE 4.5 NAME STREET ADDRESS CITY-ST-ZIP	D. SHELLEY, MARLENE 1861 NORTH FEDERAL HIGH HOLLYWOOD FL 33020	☐ Delete		l l		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ı			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	الدر د پیهمخدو دیار را سیا	☐ Detete		i			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ŧ			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information cumplies	☐ Delete		ET ADDRESS -ST-ZIP	Section 1	110 07/2V/i) Florida Statuta J further partif	Change	Addition	

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. 954

SIGNATURE: