


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90149 042 \*\*\*150.00

<b>DOCUMENT # P99000007455</b> 1. Entity Name <b>M D &amp; R ALLY COMPANY</b>	
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Principal Place of Business <b>11373 SW 211TH STREET MIAMI, FL 33189</b>	Mailing Address <b>11373 SW 211TH STREET MIAMI, FL 33189</b>
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**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0897087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
**ALLY, BIBI  
186-10 SW 94TH COURT  
MIAMI, FL 33157**

**DO NOT WRITE  
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 registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLY, MOHAMMED 16715 SW 100TH CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLY, BIBI 186-10 SW 94TH COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLY, RAHAMAT 16715 SW 100TH CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLY, ASLIM RAFI 186-10 SW 94TH COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIRBANO, ALLY 16715 SW 100TH CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Sairabano Ally **04/23/05** **305-278-1152**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #