

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90265 019 \*\*\*150.00

DOCUMENT # P99000007455	
1. Entity Name M D & R ALLY COMPANY	
Principal Place of Business 11373 SW 211TH STREET MIAMI, FL 33189	Mailing Address 11373 SW 211TH STREET MIAMI, FL 33189



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0897087	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ALLY, MOHAMMED
STREET ADDRESS	16715 SW 100TH CT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	ALLY, BIBI
STREET ADDRESS	186-10 SW 94TH COURT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	ALLY, RAHAMAT
STREET ADDRESS	16715 SW 100TH CT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	ALLY, ASLIM RAFI
STREET ADDRESS	186-10 SW 94TH COURT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	SAIRBANO, ALLY
STREET ADDRESS	16715 SW 100TH CT
CITY-ST-ZIP	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 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: Sairbano Ally  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/28/08 Daytime Phone # \_\_\_\_\_