


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90136 040 ****61.25

DOCUMENT # N00000003606

1. Entity Name
ACCESS 4 ALL, INCORPORATED



Principal Place of Business Mailing Address
3200 PALM AIRE DR., N. #505 **3200 PALM AIRE DR., N. #505**
POMPANO BEACH FL 33069 **POMPANO BEACH FL 33069**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FULLER, JOHN ESQ.
FULLER, FULLER & ASSOCIATES, P.A.
1111 LINCOLN RD. MALL, STE. 802
MIAMI BEACH FL 33139

4. FEI Number **65-1122740** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DI PALMA, PETER	
STREET ADDRESS	3200 PALM AIRE DRIVE, #505	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPALLUTO, PETER	
STREET ADDRESS	810 E. SAMPLE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESPOSITO, FELIX	
STREET ADDRESS	5571 LAKESIDE DRIVE, #102	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 REQUIRED

5/3/03 9:27:52 AM

CR2E037 (10/02)