

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013216

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** ALL IN ONE SPECIALTIES, INC.

**Current Principal Place of Business:**

8730 NW 19TH ST.  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8730 NW 19TH ST.  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 80-0029937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, WINSTON L  
8730 NW 19TH ST.  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, WINSTON L  
Address: 8730 NW 19TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V  
Name: WILLIAMS, JOYCE M  
Address: 8730 NW 19TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ST  
Name: WILLIAMS, DESRENE O  
Address: 8730 NW 19TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WINSTON WILLIAMS

PRES

04/11/2011

Electronic Signature of Signing Officer or Director

Date