


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90054 019 \*\*\*158.75

<b>DOCUMENT # P03000033563</b>					
<b>1. Entity Name</b> ALL MY SONS MOVING & STORAGE OF TAMPA, INC.					
<b>Principal Place of Business</b> 472 HOLIDAY DRIVE HALLANDALE BEACH, FL 33009			<b>Mailing Address</b> 472 HOLIDAY DRIVE HALLANDALE BEACH, FL 33009		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PETERSON, BETTY 472 HOLIDAY DRIVE HALLANDALE BEACH, FL 33009			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D P	<b>NAME</b> PETERSON, BETTY		<b>TITLE</b> P + D	<b>NAME</b> Peterson, Betty	
<b>STREET ADDRESS</b> 472 HOLIDAY DRIVE	<b>CITY-ST-ZIP</b> HALLANDALE BEACH, FL 33009		<b>STREET ADDRESS</b> 472 Holiday Drive	<b>CITY-ST-ZIP</b> Hallandale Beach, Florida 33009	
<b>TITLE</b> VP	<b>NAME</b> [Blank]		<b>TITLE</b> VP	<b>NAME</b> Rosario Alaimo	
<b>STREET ADDRESS</b> [Blank]	<b>CITY-ST-ZIP</b> [Blank]		<b>STREET ADDRESS</b> 100 Golden Isles Drive Apt. 110	<b>CITY-ST-ZIP</b> Hallandale Beach, Florida 33009	
<b>TITLE</b> [Blank]	<b>NAME</b> [Blank]		<b>TITLE</b> [Blank]	<b>NAME</b> [Blank]	
<b>STREET ADDRESS</b> [Blank]	<b>CITY-ST-ZIP</b> [Blank]		<b>STREET ADDRESS</b> [Blank]	<b>CITY-ST-ZIP</b> [Blank]	
<b>TITLE</b> [Blank]	<b>NAME</b> [Blank]		<b>TITLE</b> [Blank]	<b>NAME</b> [Blank]	
<b>STREET ADDRESS</b> [Blank]	<b>CITY-ST-ZIP</b> [Blank]		<b>STREET ADDRESS</b> [Blank]	<b>CITY-ST-ZIP</b> [Blank]	
<b>TITLE</b> [Blank]	<b>NAME</b> [Blank]		<b>TITLE</b> [Blank]	<b>NAME</b> [Blank]	
<b>STREET ADDRESS</b> [Blank]	<b>CITY-ST-ZIP</b> [Blank]		<b>STREET ADDRESS</b> [Blank]	<b>CITY-ST-ZIP</b> [Blank]	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Betty Peterson Pres.</i>			4/10/04 954-454-2721		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		