## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000123854

Address:

City-St-Zip:

Entity Name: ALL MANAGEMENT & INVESTMENTS. INC

FILED Mar 10, 2008 Secretary of State

Entity Nar	THE: ALL MAIN	AGEMENT & INVESTMENTS,	INC.			
Current Principal Place of Business:			New Pri	New Principal Place of Business:		
207 NW 69 MIAMI, FL	5 AVE APT A 33126					
Current Mailing Address:			New Ma	New Mailing Address:		
207 NW 65 MIAMI, FL	5 AVE APT A 33126					
FEI Number:	20-5625005	FEI Number Applied For()	FEI Number Not A	pplicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name a	nd Address of	New Registered Agent:	
MONTANEZ, LEONARDO R 4740 N.W. 4TH TERRACE MIAMI, FL 33126 US				MONTANEZ, LEONARDO R 207 NW 65 AVE APT A MIAMI, FL 33126 US		
	named entity s e of Florida.	submits this statement for the p	urpose of changin	g its registered	office or registered agent, or both,	
SIGNATUR	RE: LEONAR	DO R MONTANEZ			03/10/2008	
	Electror	ic Signature of Registered Age	nt		Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:	ADDITIO	ONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () MONTANEZ, LE 4740 NW 4 TEI MIAMI, FL 331	RR	Title: Name: Address: City-St-Zi <sub>l</sub>	MONTANEZ, 207 NW 65 A		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zi <sub>l</sub>	MARTINEZ, L 207 NW 65 A	VE APT A	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zi <sub>l</sub>	VUCINA, STO 207 NW 65 A	VE	
Title: Name:	( )	Delete	Title: Name:	T MORALES, A	( ) Change (X) Addition LEJANDRA	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

207 NW 65 AVE

MIAMI, FL 33126

SIGNATURE: LEONARDO R MONTANEZ D 03/10/2008