


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000035885 1. Entity Name ALL HOME IMPROVEMENTS, INC.			80087856
Principal Place of Business 9146 NW 49TH CT. SUNRISE, FL 33351		Mailing Address 9146 NW 49TH CT. SUNRISE, FL 33351	
2. Principal Place of Business 301 N. Ocean Blvd		3. Mailing Address 301 N. Ocean Blvd.	
Suite, Apt. #, etc. APT 112		Suite, Apt. #, etc. APT 112	
City & State Pompano-Beach/FL		City & State Pompano Beach/FL	
Zip 33062		Zip 33062	
Country USA		Country Bruid USA	
6. Name and Address of Current Registered Agent LOWENSTEIN, ALVIN 146 S RIVERSIDE DR #103 POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
Signature Alvin Lowenstein, Pres		Date 4-11-03	
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOWENSTEIN, ALVIN 146 S RIVERSIDE DR #103 POMPANO BEACH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME (Address change) 301 N. Ocean Blvd. Pompano Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE Alvin Lowenstein, Pres		Date 4-11-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-386-8522	

CR2E034 (10/02)