2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057547

Address:

City-St-Zip:

120 ROYAL PALM RD., #205

HIALEAH GARDENS, FL 33010

FILED Jul 05, 2006 Secretary of State

Entity Nar	ne: ALL DADI	E FENCES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2718 W 78 STREET HIALEAH, FL 330162771			2720 W 78 STREET HIALEAH, FL 330162	2720 W 78 STREET HIALEAH, FL 330162771	
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
2718 W 78 HIALEAH,	STREET FL 330162771		2720 W 78 STREET HIALEAH, FL 330162	771	
FEI Number:	: 65-9866851	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
ORTEGA, ILSIA 2718 W 78 STREET HIALEAH, FL 330162771 US			ORTEGA, ILSIA 2720 W 78 STREET HIALEAH, FL 330162		
	named entity s e of Florida.	submits this statement for the pr	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				07/05/2006	
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ORTEGA, ILSIA 13663 SW 50 S MIRAMAR, FL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () DIAZ, JUAN C 9965 NICARAG MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD (X) ORTEGA, ABIM	Delete AEL	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE: ILSIA ORTEGA PD 07/05/2006