

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P98000081244	
1. Entity Name ALL CELL CORP.	
Principal Place of Business 7825 NW 29 ST. 113 MIAMI, FL 33122	Mailing Address 7825 NW 29 ST. 113 MIAMI, FL 33122



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0863568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEVIA, EDUARDO
 7825 NW 29 ST.
 113
 MIAMI, FL 33122

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEVIA, EDUARDO 4181 S.W. 141 PL. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEVIA, ELINA C 4181 SOUTHWEST 141ST PLACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/23/07-80072-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: EdUARdo Hevia **PRESIDENT** 4/30/07 305-463-7107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #