

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 039 ***150.00

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DOCUMENT # P98000081244

1. Entity Name
ALL CELL CORP.



Principal Place of Business
7106 NW 50TH STREET
MIAMI FL 33166-4831

Mailing Address
7106 NW 50TH STREET
MIAMI FL 33166-4831



2. Principal Place of Business
7825 NW 29 STREET
Suite, Apt. #, etc.
113

3. Mailing Address
7825 N.W. 29 STREET
Suite, Apt. #, etc.
113

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0863568**

Applied For
 Not Applicable

Zip **33122** Country **USA**

Zip **33122** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HEVIA, EDWARD
7106 NW 50TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **EDUARDO HEVIA**
Street Address (P.O. Box Number is Not Acceptable)
7825 NW 29 STREET # 113
City **MIAMI** FL Zip Code **33122**

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 *Eduardo Hevia*
Signature, typed or printed name of registered agent and title if applicable.

4/30/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HEVIA, EDUARDO	
STREET ADDRESS	4181 S.W. 141 PL.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEVIA, ELINA C	
STREET ADDRESS	4181 SOUTHWEST 141ST PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Eduardo Hevia* VICE-PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 **305-463-7707**
Date Daytime Phone #

CFR2E034 (10/02)