

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90015 038 \*\*\*158.75

<b>DOCUMENT # P05000152030</b> 1. Entity Name <b>ALL ABOUT FENCING CONTRACTOR, INC.</b>					
Principal Place of Business <b>10502 SW 77TH CT PINECREST FL 33156</b>				Mailing Address <b>10502 SW 77TH CT PINECREST FL 33156</b>	
2. Principal Place of Business <b>10050 SW 51 Terr</b> Suite, Apt. #, etc. <b>MIAMI FLA</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>33165 SAME</b>		City & State		4. FEI Number <b>20-3876459</b>	
Zip <b>33165</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HERNANDEZ, MANUEL 10502 SW 77TH CT PINECREST FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>1-25-06</b> <small>Signature typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when consenting) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 -</b> <b>After May 1, 2006 Fee Will Be \$550.00 -</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>HERNANDEZ, MANUEL</b> <b>10502 SW 77TH CT</b> <b>PINECREST FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>JOEL HERNANDEZ</b> <b>9955 SW 54 ST</b> <b>MIAMI FLA 33168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>JOEL HERNANDEZ</b> <b>9955 SW 54 ST</b> <b>MIAMI FLA 33168</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <b>XAVIER HERNANDEZ</b> <b>10050 SW 51 Terr</b> <b>MIAMI FL 33165</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	XAVIER SECRETARY <b>XAVIER HERNANDEZ</b> <b>10050 SW 51 Terr</b> <b>MIAMI FLA 33165</b>	<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 exemptions contained in Section 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:				<b>1-25-06</b> <b>303-796-8756</b> <small>Date Daytime Phone #</small>	



ATTACHMENT

66003041

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

ALL ABOUT FENCING CONTRACTOR, INC.  
10502 SW 77TH CT  
PINECREST, FL 33156

Subject: **ALL ABOUT FENCING CONTRACTOR, INC.**

Reference Number: **P05000152030**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM  
ANNUAL REPORTS SECTION