Mar 20 07 08:00p Shirley Clark 1-8

FILED
Apr 13, 2007 8:00 am
Secretary of State
03-26-2007 90067 009 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S77999

1. Entity Name
ALL SPECIALTY SALES, INC.

Principal Place of Business
PO BOX 24735
FORT LAUDERDALE, FL 33307 US

Mailing Address
PO BOX 24735
FORT LAUDERDALE, FL 33307 US

2. Principal Place of Business - No P.O. Box #
1580 N.E. 36 St.
Suite, Apt. #, etc.
City & State
Ft. LAUDERDALE, Fl
Zip 33334 Country US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0283086
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BASILIO, PATRICIA K.
1580 NORTHEAST 36TH STREET
FORT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 [signature] 4-11-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS	☐ Delete
NAME	BASILIO, PATRICIA K.	
STREET ADDRESS	1580 N.E. 36TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	VT	☐ Delete
NAME	NIGRO, DEBORAH J.	
STREET ADDRESS	1580 N.E. 36TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 4-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #