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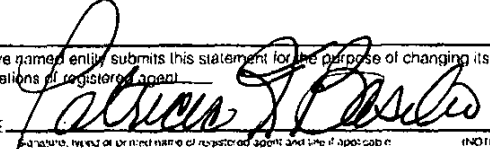
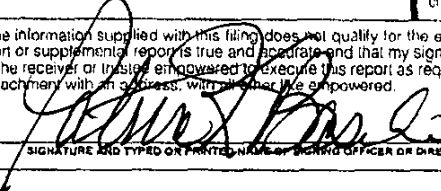
Shirley Clark

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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. 36th St.		3. Mailing Address Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State	
Zip 33334		Country US	
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:  DATE: 4-11-07			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BASILIO, PATRICIA K. 1580 N.E. 36TH STREET FORT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NIGRO, DEBORAH J. 1580 N.E. 36TH STREET FORT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 reports 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, without other legal empowerment. SIGNATURE:  DATE: 4-11-07			