


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90105 023 \*\*\*150.00

**DOCUMENT # P92000002084**

1. Entity Name  
**ALL POINTS REALTY & INVESTMENTS INC.**



Principal Place of Business      Mailing Address  
**6645 PEMBROKE ROAD**      **6645 PEMBROKE ROAD**  
**PEMBROKE PINES, FL 33023 US**      **PEMBROKE PINES, FL 33023 US**

2. Principal Place of Business - No P.O. Box #  
**18800 NW 2nd AVE**

3. Mailing Address  
**18800 NW 2nd AVE**

Suite, Apt. #, etc.  
**# 115**

City & State  
**MIAMI GARDENS**

City & State  
**MIAMI GARDENS**

Zip      Country      Zip      Country  
**33169 USA**      **33169 USA**



05052008      Chg-P      CR2E034 (12/06)

4. FEI Number  
**65-0367985**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAMUELS, PATRICK**  
**6465 PEMBROKE RD.**  
**MIAMI, FL 33023**

**7. Name and Address of New Registered Agent**

Name **PATRICK SAMUELS**

Street Address (P.O. Box Number is Not Acceptable)  
**18800 NW 2nd AVE # 115**

City **MIAMI GARDENS FL**      Zip Code **33169**

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: *Patrick Samuels*      DATE: *5/3/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SAMUELS, PATRICK	
STREET ADDRESS	6645 PEMBROKE RD.	
CITY - ST - ZIP	PEMBROKE PINES, FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMUELS, DWIGHT	
STREET ADDRESS	6645 PEMBROKE RD.	
CITY - ST - ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK SAMUELS	
STREET ADDRESS	18800 NW 2nd AVE # 115	
CITY - ST - ZIP	MIAMI GARDENS, FL 33169	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWIGHT SAMUELS	
STREET ADDRESS	18800 NW 2nd AVE # 115	
CITY - ST - ZIP	MIAMI GARDENS, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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: *Patrick Samuels*      Date: *5/3/08*      Daytime Phone #: *305 542 5184*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALL POINTS REALTY & INVESTMENTS, INC.**  
18800 NW 2 AVENUE SUITE # 115 MIAMI GARDENS, FL 33169 PH. (305) 654-9770 / FAX (305) 654-9772

ATTACHMENT

40098578  
#P92000002084

5/3/08

TO: Florida Department of State.

Please note that I changed my office location and had difficulty with some of my mail and maybe my notice was not received for that reason.

I ASK that you accept my late filing with out penalty.

Thank you

Patrick Sammons