

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000096360

Entity Name: ALL IN ONE SPECIALTY, INC

Current Principal Place of Business:

8730 NW 19 STREET
PEMBROKE PINES, FL 33024

Current Mailing Address:

8730 NW 19 STREET
PEMBROKE PINES, FL 33024

FEI Number: 46-1657878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, WINSTON
8730 NW 19 STREET
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WILLIAMS, WINSTON
Address 8730 NW 19 STREET
City-State-Zip: PEMBROKE PINES FL 33024

Title VP
Name WILLIAMS, JOYCE
Address 8730 NW 19 STREET
City-State-Zip: PEMBROKE PINES FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WINSTON WILLIAMS

PRESIDENT

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date