## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # 306192 Right Report of Tampa	BAY, INC.				47 041 ***150.00	)	
Principal Plac 125 SOUTH I CHICAGO, IL	FRANKLIN ST	Mailing Address 125 SOUTH FRANKLIN S CHICAGO, IL 60606	st US		111 111 114 114 11	I BURU BURU KURU KARU BURU B	LENDEN NITCH	
6969	lace of Business - No P.O. Box #  W. Zo <sup>TH</sup> AVE	3. Mailing Address 6969 W. 20	THE ANE					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04242007	Chg-P	CR2E034 (12/06	)	
City & State	LEAH, FL	City & State H TALEAH, F	-L	4. FEI Number 59-1145		<b>├</b>	oplied For Not Applicable	
2ip 33014	Country USA	Zip 33-14	Country USA	5. Certificate of	f Status Desired	\$8.75 Ar		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	legistered Agent		
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code				
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent  E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	end title II applicable. (NOTE:	Registered Agent signer	ure required when reinstating) \$5.00 May Be Added to Fees	, in the State of Pic	DATE		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JOHN J 6969 WEST 20TH AVENUE HIALEAH, FL 33014	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BRENDAN J. C 550 W. ADAM CHICAGO, IL	5	☐ Change	<b>Addition</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETRICONE, JULIE 6969 W. 20 AVENUE HIALEAH, FL 33014	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	V/B JOHN W. CAIN SSO W ADAMS CHICAGO, IL 60		☐ Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHN J. HERI 6966 W. 2013 HIALEAH, FI	t AVE	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIT KAREN L. LEE 6969 W. 20TH CHICAGO, IL	TS AVE	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	RICHARD H. FL 550 W. ADAM CHICAGO, FL	Eming is	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID JOSEPH W. H SSO W. ADAM CHICAGO, IL	oum ts	☐ Change	Addition	

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:	Whig	John Herusndez, Gen. Houseon	4-27-07	305-821-8000
	SIGNATURE AND TYPED OR PRINTED NA	AME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT **DOCUMENT #306192** 1. Entity Name ALL-INTERIOR SUPPLY OF TAMPA BAY, INC. Principal Place of Business Mailing Address 125 SOUTH FRANKLIN ST 125 SOUTH FRANKLIN ST CHICAGO, IL 60606 CHICAGO, IL 60606 40093534 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-1145837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE Delete TITLE MHRK A. HICKMAN HERNANDEZ, JOHN J NAME NAME 550 W. ADAMS 6969 WEST 20TH AVENUE STREET ADDRESS STREET ADDRESS CHICAGO, IL 60661 CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33014 🔀 Delete ☐ Change **☑** Addition TITLE TITLE KEVIN CORRIGAN PETRICONE, JULIE NAME NAME 550 w. ADAMS STREET ADDRESS 6969 W. 20 AVENUE STREET ADDRESS HIALEAH, FL 33014 CITY-ST-7IP CITY-ST-7IP CHICAGO, IL \$0661 ☐ Delete ☐ Change Addition TITLE TITLE SUZANNE K. TORREY NAME 550 W. ADAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60661 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date