

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90333 013 \*\*\*158.75

DOCUMENT # 625870  
1. Entity Name  
DO IT ALL, INC

**DO NOT WRITE IN THIS SPACE**

80054090

2. Principal Place of Business  
4769 NW 183 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 551628  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
59-1975341

Applied For  
Not Applicable

Zip  
33055 Country

Zip  
33055 Country

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

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7. Name and Address of Current Registered Agent

Name  
A. A. TURNER

Street Address (P.O. Box Number is Not Acceptable)  
4769 N.W. 183 ST.

City  
MIAMI FL Zip Code  
33055

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.

SIGNATURE A. A. TURNER [Signature] 3/15/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	<u>P.T.</u>	TITLE	
NAME	<u>TURNER, ARCHIBALD A</u>	NAME	
STREET ADDRESS	<u>4769 N.W. 183rd ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL. 33055</u>	CITY-ST-ZIP	
TITLE	<u>V.P.S.</u>	TITLE	
NAME	<u>TURNER, RUFINA</u>	NAME	
STREET ADDRESS	<u>4769 NW 183rd ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL. 33055</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>TURNER, ANTHONY</u>	NAME	
STREET ADDRESS	<u>4769 NW 183rd St.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33055</u>	CITY-ST-ZIP	
TITLE	<u>D &amp; A G.</u>	TITLE	
NAME	<u>NEAL, ANTOINETTE</u>	NAME	
STREET ADDRESS	<u>4769 NW 183rd St.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI FL 33055</u>	CITY-ST-ZIP	
TITLE	<u>D.</u>	TITLE	
NAME	<u>TURNER, ARCHENE</u>	NAME	
STREET ADDRESS	<u>4769 NW 183rd ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33055</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>TURNER, DONNA</u>	NAME	
STREET ADDRESS	<u>4769 NW 183rd St</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33055</u>	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with another like empowered.

SIGNATURE: [Signature] PRES. 3/15/02 305-430-8404  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)