


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 004 ***158.75

DOCUMENT # 625870

1. Entity Name
DO IT ALL, INC.



Principal Place of Business
**4769 NW 183 ST.
MIAMI FL 33055**

Mailing Address
**P.O. BOX 551628
MIAMI FL 33055**



2. Principal Place of Business
**16332 VALENCIA BLVD
LOXAHATCHEE**

3. Mailing Address
**16332 VALENCIA BLVD
LOXAHATCHEE**

City & State
FLORIDA

CHECK HERE IF MAKING CHANGES

Zip **33470** Country **U.S.A.**

Zip **33470** Country **U.S.A.**

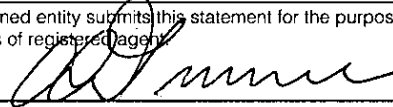
4. FEI Number **59-1975341** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**TURNER, A. A.
4769 NW 183 ST.
MIAMI FL 33055**

7. Name and Address of New Registered Agent
Name **A. A. TURNER**
Street Address (P.O. Box Number is Not Acceptable)
16332 VALENCIA BLVD
City **LOXAHATCHEE** FL Zip Code **33470**

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  Pres. & Reg. Ag. DATE **3.31.03**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TURNER, ARCHIBALD A 4769 NW. 183RD ST. MIAMI FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TURNER, RUFINA L. 4769 NW 183RD ST. MIAMI FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ANTHONY 4769 NW 183RD ST MIAMI FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS NEAL, ANN 4769 NW 183RD ST. MIAMI FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, ARCHENE 4709 NW 183RD ST. MIAMI FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, DONNA 4769 NW 183RD ST. MIAMI FL 33055 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. TURNER, ARCHIBALD A 16332 VALENCIA BLVD, LOXA, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TURNER, RUFINA L. 16332 VALENCIA BLVD LOXAHATCHEE, FL. 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 16332 VALENCIA BLVD. LOXAHATCHEE, FL. 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS 16332 VALENCIA BLVD LOXA. FL. 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 16332 VALENCIA BLVD LOXA. FL. 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 16332 VALENCIA BLVD LOXA. FL. 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Pres DATE **3.31.03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)