

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90008 038 \*\*\*150.00

**DOCUMENT # F03000001616**

1. Entity Name

ALL AMERICAN CONVEYOR CORPORATION



Principal Place of Business

1819 FLUSHING AVENUE  
RIDGEWOOD, NY 11385

Mailing Address

1819 FLUSHING AVENUE  
RIDGEWOOD, NY 11385

**DO NOT WRITE IN THIS SPACE**



01202004

No Chg-P

CR2E034 (10/03)

4. FEI Number

11-3242423

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

DAUPHIN, RICHARD  
7145 NORTH SERENOA DRIVE  
SARASOTA, FL 34241

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FRIEDMAN, VALDI
STREET ADDRESS	1819 FLUSHING AVENUE
CITY-ST-ZIP	RIDGEWOOD, NY 11385
TITLE	V
NAME	RASA-SOARECE, CONSTANTIN
STREET ADDRESS	1819 FLUSHING AVENUE
CITY-ST-ZIP	RIDGEWOOD, NY 11385
TITLE	S
NAME	DAUPHIN, RICHARD
STREET ADDRESS	7145 NORTH SERENOA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	T
NAME	SUBAIYA, PAUL
STREET ADDRESS	1819 FLUSHING AVENUE
CITY-ST-ZIP	RIDGEWOOD, NY 11385

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #