

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

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		
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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P FRIEDMAN, VALDI 1819 FLUSHING AVENUE RIDGEWOOD, NY 11385	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RASA-SOARECE, CONSTANTIN 1819 FLUSHING AVENUE RIDGEWOOD, NY 11385	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAUPHIN, RICHARD 7145 NORTH SERENOA DRIVE SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SUBAIYA, PAUL 1819 FLUSHING AVENUE RIDGEWOOD, NY 11385	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 this 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: X <i>Valdi Friedman</i>		01/15/06 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3242423	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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04/25/06-80093-009 150.00

**DO NOT WRITE
IN THIS SPACE**