2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F42730

1. Entity Name

ALL MIAMI BOOKKEEPING AND ACCOUNTING SERVICE, INC.

FILED
09 APR 22 AM 11:06
SECRETARY OF STATE

Principal Place of Business	Mailing Address
~~9655 S DIXIE HWY SUITE 109~~	~~9655 S DIXIE HWY SUITE 109~~
~~MIAMI FL 33156~~	MIAMI FL 33156

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: All Miami Bookkeeping &
Suite, Apt. #, etc.: Accounting Service, Inc.
City & State: 7755 S.W. 130 Street
Miami, FL. 33156
Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2129276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, GLORIA
~~9655 S DIXIE HWY SUITE 109~~
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) ~~All Miami Bookkeeping &~~
Accounting Service, Inc.
City 7755 S.W. 130 Street Zip Code
Miami, FL 33156

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 ____________________ DATE
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, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LEWIS, GLORIA		NAME		
STREET ADDRESS	~~9655 S DIXIE HWY~~		STREET ADDRESS	7755 S.W. 130 St	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	R 4/23		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	800151811108	
STREET ADDRESS			STREET ADDRESS	04/22/09--01025--021 **150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gloria Lewis Pres 4/10/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #