


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # J93056 1. Entity Name ALL COURTHOUSE SERVICES, INC.	
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Principal Place of Business 3301 N. COUNTRY CLUB DR. #101 NORTH MIAMI BEACH, FL 33180	Mailing Address 3301 N. COUNTRY CLUB DR. #101 NORTH MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELPMAN, SHIRLEY
3301 NORTH COUNTRY CLUB DRIVE #101
NORTH MIAMI BEACH, FL 33180

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SHELPMAN, SHIRLEY 3301 N. COUNTRY CLUB DRIVE MIAMI, FL 33180
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01/17/08-80046-015 158.75

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 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: Shirley Shelpmann **1-14-08 355-931-6228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #