2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000000031

Entity Name: ALL REAL ESTATES CONSULTING SERVICES & ASSOCIATES, LLC

Current Principal Place of Business:

9935 SW 213 TERR
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

9935 SW 213 TERR
MIAMI, FL 33189

New Mailing Address:

FEI Number: 20-8137434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALAM, INDRA
9935 SW 213 TERR
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALAM, INDRA
Address: 9935 SW 213 TERR
City-St-Zip: MIAMI, FL 33189

Title: MGR ( ) Delete
Name: ALAM, MANUEL
Address: 9935 SW 213 TERR
City-St-Zip: MIAMI, FL 33189

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: ALAM, INDRA
Address: 9935 SW 213 TERR
City-St-Zip: MIAMI, FL 33189

Title: V.PR (X) Change ( ) Addition
Name: ALAM, MANUEL A
Address: 9935 SW 213 TERR
City-St-Zip: MIAMI, FL 33189

Title: A.EX ( ) Change (X) Addition
Name: ALAM, FRANK B
Address: 9935 SW 213 TERR
City-St-Zip: CUTLER BAY, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: INDRA C. ALAM PRES 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date