


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90152 003 \*\*\*150.00

<b>DOCUMENT # P00000020406</b> 1. Entity Name <b>ALL SERVICE FOR YOU INC.</b>					
Principal Place of Business <b>8960 SW 87 COURT SUITE 7 MIAMI, FL 33176</b>			Mailing Address <b>5923 NW 111 AVE MIAMI, FL 33178</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0988908</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAWA, MAHMOUD 5923 N.W. 110 AVE. MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWA, MAHMOUD 5923 N.W. 110 AVE. MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HAWA MAHMOUD 5923 NW 111 AVE MIAMI - FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HAWA MAHMOUD 5923 NW 111 AVE MIAMI - FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWA MAHMOUD 5923 NW 111 AVE MIAMI - FL 33178	
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/22/08</b> Daytime Phone #: <b>305 405 5523</b>		