## 2005 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** DOCUMENT # P00000023958 May 25, 2005 08:00 AM **Secretary of State** ALL PRIDE EXPORTS, INC. Mailing Address Principal Place of Business 7102 N. FLORIDA AVE. 7102 N. FLORIDA AVE. TAMPA, FL 33604 TAMPA, FL 33604 05202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3631133 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALFE, HSSAN DO NOT WRITE 7102 N. FLORIDA AVE. TAMPA, FL 33604 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 7, 2005 Added to Fees

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10		OFFICERS AND	DIRECTORS
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in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Applied For

\$8.75 Additional

Fee Required

Not Applicable

TITLE PVST NAME ALFE, HSSAN STREET ADDRESS 7102 N. FLORIDA AVE. CITY-ST-ZIP TAMPA, FL 33604 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-Zip TITLE NAME

\_\_\_U00000368284 05/25/05-80007-007 150.00

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #