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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90074 021 ***150.00

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1. Entity Name
ALL NATIONS, INC.

50018230

Principal Place of Business	Mailing Address
1401 SO. STATE ROAD 7 B1 NORTH LAUDERDALE, FL 33068	1401 SO. STATE ROAD 7 B1 NORTH LAUDERDALE, FL 33068

02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1014342
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, KEITH
2790 WASHINGTON DRIVE.
FT. LAUDERDALE FL. 33311

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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: Keith Robinson 2/15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending) Date

DATE

FILE NOW!!! - FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ROBINSON, KEITH
STREET ADDRESS	2790 WASHINGTON DRIVE.
CITY-ST-ZIP	FT. LAUDERDALE FL. 33311
TITLE	SVD
NAME	BRAIDE, JOAN
STREET ADDRESS	2751 ROCK ISLAND RD
CITY-ST-ZIP	MARGATE FL. 33063
TITLE	P.T.D.
NAME	ROBINSON KEITH
STREET ADDRESS	2790 WASHINGTON DRIVE.
CITY-ST-ZIP	FT. LAUDERDALE FL. 33311
TITLE	S.V.D.
NAME	BRAIDE. JOAN
STREET ADDRESS	2751 ROCK ISLAND RD.
CITY-ST-ZIP	MARGATE FL. 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Keith Robinson 2/15/05 (954) 968-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #