


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90314 013 ***150.00

DOCUMENT # P00000045220 1. Entity Name ALL FAME SPORTS AND ENTERTAINMENT AGENCY, INC.					
Principal Place of Business 1802 W. CLEVELAND ST TAMPA, FL 33606			Mailing Address 1802 W. CLEVELAND ST TAMPA, FL 33606		
2. Principal Place of Business 1006 N. ARMENIA AVE Suite, Apt. #, etc.		3. Mailing Address 1006 N. ARMENIA AVE Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA FL		4. FEI Number 59-3643932	
Zip 33607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, NILO J 1802 W. CLEVELAND ST TAMPA, FL 33606			7. Name and Address of New Registered Agent Name NILO J. SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 1006 N. ARMENIA AVE City TAMPA FL Zip Code 33607		
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 <input checked="" type="checkbox"/> _____ DATE <input checked="" type="checkbox"/> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, NILO J 1802 W. CLEVELAND ST TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NILO J. SANCHEZ 1006 N. ARMENIA AVE TAMPA, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, DERRICK S 5012 E. LONGBOAT BLVD TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <input checked="" type="checkbox"/> _____ President Date 4/15/05 Daytime Phone # 813/879-4600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					