

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067711

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: ALL PURPOSE SERVICES, INC.

## Current Principal Place of Business:

400 NE 12TH AVE #502  
HALLANDALE, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

400 NE 12TH AVE #502  
HALLANDALE, FL 33009

## New Mailing Address:

FEI Number: 65-1029541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAVARES, ELISABETE YOKO O  
3642 NE 167TH ST  
NORTH MIAMI BEACH, FL 33160 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OURA, LEIA L  
Address: 400 NE 12TH AVE #502  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: TAVARES, ELISABETE YOKO O  
Address: 3642 NE 167TH ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISABETE TAVARES

RA

04/24/2006

Electronic Signature of Signing Officer or Director

Date