2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 16, 2007 08:00 AM Secretary of State

	AITHUAL	REPURI			Jui	10, 2007 00.00
DOCUMENT # P00000116926 1. Entity Name ALL FLORIDA COMMERCE CENTER, INC.				**************************************	S	ecretary of Sta
Principal Plac 2011 SW 70 A-12 DAVIE, FL 3		Mailing Address 2011 SW 70TH AVENUE A-12 DAVIE, FL 33317	_			
DO NOT WRITE IN THIS SPA			CE	07032007 4. FEI Numb 60-000 5. Certificate	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ZACCO, MARIO 2011 SW 70TH AVENUE A-12 DAVIE, FL 33317			DO NOT WRITE IN THIS SPACE			
3. 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 refisteled agent and tale if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.						
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DE PD ZACCO, MARIO T 2011 SW 70TH AVENUE, A-12 DAVIE, FL 33317 S ZACCO, KARON 2011 SW 70TH AVENUE, A-12 DAVIE, FL 33317					0769008 -80009-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP TIBLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #