2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P0100000470 1. Entity Name ALL SERVICES & MERCHANDISE, CORP.					05-02-200	5 90399 026 ***1:	50.00
Principal Place	e of Business	Mailing Address					
Principal Place of Business 6661 SW 158 CT MIAMI, FL 33193		6661 SW 158 CT MIAMI, FL 33193					
INE III, I I I		 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			STIGI IISII BELII GSIN G	am sen sen sen ann ance (se) 21	hier a lea
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numbe		}	opiled For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad	
	6. Name and Address of Current F	l		7. Name and	Address of New	Registered Agent	
			Name				
HERRERA, HENRY 6661 SW 158 CT MIAMI, FL 33193		Street Address		P.O. Box Number is Not Acceptable)			
1911/C1911, 1 L	30183 2.						
ati . :			Cdy			FL Zip Cod	le
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 it applicable (NOTE: Registered Agent suphature required when reinstating) 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 dded to Fees			
10.	OFFICERS AND (DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FFICERS AND DIRECTOR	RS IN 11
TOLE Name	PD HERRERA, HENRY	☐ Delete	TOTL! NAME	~~~		☐ Change	☐ Addillon
Street address Chy-St-Zip	6661 SW 158 CT MIAMI, FL 33193		STREET ADDRESS GOY-SI-ZEP				
TITLE NAME	VD VILLEGAS, WILMAN	☐ Dalete	TITLE NAME		·	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	6661 SW 158 CT MIAMI, FL 33193		STREET ADDRESS ONY-SI-JAP				
TITLE	SD	Delete	TITLE		****	Change	Addition
NAME	NAVARRO, RUTH		NAME:				
STREET ADDRESS	6661 SW 158 CT		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33193		Offy-S1 299				
TITLE NAME	TD BETANCOURTH, STELLA	☐ Delele	THEE NAME			☐ Change	Addition Addition
STREET ADDRESS	6661 SW 158 CT		STREET AUTRESS				
CITY-ST-ZIP	MIAMI, FL 33193		GHA-27 5				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NaME				
STREET ADDRESS GITY-ST-ZIP			STREET ADDRESS City-St 7/P				
TITLE		☐ Delate	TIPLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			GITY-ST-DP				

12. Thereby 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 rectiver 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 likelempowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4128105

Daytime Phone ₹