

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000470

1. Entity Name
ALL SERVICES & MERCHANDISE, CORP.



Principal Place of Business
6661 SW 158 CT
MIAMI, FL 33193

Mailing Address
6661 SW 158 CT
MIAMI, FL 33193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-1063629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERRERA, HENRY
6661 SW 158 CT
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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-STATE-ZIP	PD HERRERA, HENRY 6661 SW 158 CT MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD VILLEGAS, WILMAN 6661 SW 158 CT MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD NAVARRO, RUTH 6661 SW 158 CT MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD BETANCOURTH, STELLA 6661 SW 158 CT MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	600076251266 06/16/06--01012--010 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	20 6/8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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 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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/06 (305) 718-8455

Date

Daytime Phone #

FILED

06 JUN -5 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Form **941 for 2006: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2006) Department of the Treasury -- Internal Revenue Service

1213

970106

OMB No. 1545-0029

Employer identification number 65-1063629

Name (not your trade name) ALL SERVICES & MERCHANDISE CORP.

Trade name (if any) _____

Address 6661 SW 158TH CT

MIAMI, FL 33193

Report for this Quarter ... (Check one.)

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	<u>4</u>
2	Wages, tips, and other compensation	2	<u>18300.00</u>
3	Total income tax withheld from wages, tips, and other compensation	3	<u>1161.00</u>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.
5	Taxable social security and Medicare wages and tips:		
	Column 1	Column 2	
5a	Taxable social security wages <u>18300.00</u> x .124 =	<u>2269.20</u>	
5b	Taxable social security tips _____ x .124 =	_____	
5c	Taxable Medicare wages & tips <u>18300.00</u> x .029 =	<u>530.70</u>	
5d	Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	<u>2799.90</u>
6	Total taxes before adjustments (lines 3 + 5d = line 6)	6	<u>3960.90</u>
7	TAX ADJUSTMENTS (Read instructions for line 7 before completing lines 7a through 7h.):		
7a	Current quarter's fractions of cents		
7b	Current quarter's sick pay		
7c	Current quarter's adjustments for tips and group-term life insurance		
7d	Current year's income tax withholding (attach Form 941c)		
7e	Prior quarters' social security and Medicare taxes (attach Form 941c)		
7f	Special additions to federal income tax (attach Form 941c)		
7g	Special additions to social security and Medicare (attach Form 941c)		
7h	TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)	7h	
8	Total taxes after adjustments (Combine lines 6 and 7h.)	8	<u>3960.90</u>
9	Advance earned income credit (EIC) payments made to employees	9	
10	Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	<u>3960.90</u>
11	Total deposits for this quarter, including overpayment applied from a prior quarter	11	<u>3960.90</u>
12	Balance due (If line 10 is more than line 11, write the difference here.)	12	
Make checks payable to United States Treasury.			
13	Overpayment (If line 11 is more than line 10, enter the difference here.)		

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6 9411 NTF 2583101

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Name (not your trade name)

ALL SERVICES & MERCHANDISE CORP.

Employer identification number (EIN)

65-1063629

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 ☐ Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.15 Check one: ☐ Line 10 is less than \$2,500. Go to Part 3.☒ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1 1320.30

Month 2 1320.30

Month 3 1320.30

Total liability for quarter 3960.90 Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**16 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☐ Yes. Designee's name

Phone

Personal Identification Number (PIN)

☒ No.**Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign your name here

Print name and title

Date

Phone

Part 6: For PAID preparers only (optional)Paid Preparer's
Signature

Firm's name

Address

EIN

ZIP code

Date

Phone

SSN/PTIN

☐ Check if you are self-employed.