FOR PROFIT	CORPORATIO	ON (UBR)	, ,	2
DOCUMENT # PO100005] FILED	
1. Entity Name ALL DISPLAYS, INC.			03 FEB 14 PM	
		CO WE THE	SECRETARY OF S TALLAHASSEE FLC	TATE DRIDA
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business TH 1838 N.W. 29 Stillet	3. Mailing Address 15:38 NW 29th Street		800012780298 02/19/0301022014 **150.00	
Oakland Park FL	Suite, Apt. #, etc. Oakland Park FL		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number	Applied For
33313 Country	^{Zip} 333/3	Country	5. Certificate of Status Desired	Not Applicable
		Name	7. Name and Address of Current Reg	Fee Required
DO-NOT WRITE Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				
	e se an a chailtean an ann an an an an ann an ann an ann an a	Phy Inn	VU 29 STREET	FL Zip Code 22213
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of changing its re	egistered office or registere	ad agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE EILON TOREGON Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: 1	Registered Agent signature required v		1/03
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of S 10. OFFICERS AND D			9. Election Campaign Financin Trust Fund Contribution.	g \$5.00 May Be Added to Fees
		TILE		2
STREET ADDRESS E ITOM TOTOS CITY-ST-ZIP 1838 NW 29th St.C	akignd Fl 33813	NAME STREET ACORESS CITY-ST-ZIP	800012780 02/19/030102201	5 **13月1日
TITLE NAME		TITLE		CR2E0341
STREET ADDRESS CITY - ST - ZIP TITLE		STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS		THTLE . NAME		
CITY-ST-ZIP		STREET ADDRESS	DO NOT WI	RITE
TILE N/TE STREET ADDRESS		TITLE NAME [®]	IN THIS SP	ACE
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE	¹ And Aller Statistics, S. Son et al., M. & You, S. S. Son, S.	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
TITLE NAME		TITLE		
STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS		
 I hereby certify that the information supplied with this indicated on this report or supplemental report is tru of the corporation or the receiver or functor approximation. 	and to average the start	exemption stated in Section ignature shall have the same required by Chapter 607.	on 119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; the Florida Statutes: and that my name one	certify that the information at I am an officer or director
Attachment with an address, with all other like empore SIGNATURE: EIAON TOYED	ian ele	Ĵ	2/7/3/6	954 65-5505

603 2/

we have not received our reinstatement, therefore we have enclosed UBR and sending a three hundred dollar Check the or and os year. For Re: I will be waiting for the reinstatement notice. P.5: If there are any questions, Piece Call: (054) 665-5505 And Ask to Stark and ask to speak with Eilan. Thanks, ell