## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000055890

1. Entity Name

ALL-IN-ONE INVESTMENTS CORP.



Principal Place of Business

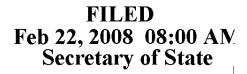
1001 BRICKELL BAY DRIVE

1400 MIAMI, FL 33131 Mailing Address

1001 BRICKELL BAY DRIVE

1400

MIAMI, FL 33131





## DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1122627 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORIS ROSEN CPA 1001 BRICKELL BAY DRIVE STE 1400

MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the p tions of registered agent.	urpose of changing its re	egistered offic	e or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	spplicable. (NOTE: 8	Registered Agent s	ign <b>a</b> ture	réquired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELBSPAN, GABRIEL 1001 BRICKELL BAY DRIVE STE 140 MIAMI, FL 33131	0				
NAME SIRLET ADDRESS CITY-SI-ZIP	D GELBSPAN, ALICIA SARA A 1001 BRICKELL BAY DRIVE STE 140 MIAMI, FL 33131	0			i.,	U00000834742 02/29/08-80004-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME				IN THIS SPACE		

12. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver of truetee 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:

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
STREET ADDRESS
CITY-ST-ZIP

SELUARDO G. GELBSPAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

786 302 2848

Date

Daytime Phone #