


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90078 033 \*\*\*150.00

**DOCUMENT # P01000057551**

1. Entity Name  
**ALL IN ONE I.R.A. INC.**



Principal Place of Business      Mailing Address

10755 SW 190TH STREET      10755 SW 190TH STREET  
 #82      #82  
 MIAMI, FL 33177      MIAMI, FL 33177

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**18687 SW 103 CT**      **18687 SW 103 CT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Miami, FL**      **Miami, FL**

Zip      Country      Zip      Country

**33177**      **US**      **33177**      **U.S.**

40099124



04302007      Chg-P      CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**ALMAGRO, IVAN**  
**11500 SW 191 STREET**  
**MIAMI, FL 33157**

4. FEI Number      Applied For

**65-1108599**      Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

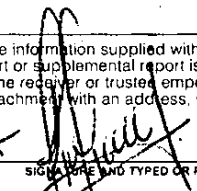
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	PVST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMAGRO, IVAN	NAME	
STREET ADDRESS	11500 SW 191 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMAGRO, IVAN	NAME	
STREET ADDRESS	11500 SW 191 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>VP</b>
STREET ADDRESS		STREET ADDRESS	<b>Regis Gonzalez</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>18687 SW 103 CT</b>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:       **4/30/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #