

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90481 033 ***150.00

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1. Entity Name
ABOVE ALL, INC.



Principal Place of Business
**2921 ARCH ST.
 TAMPA, FL 33607**

Mailing Address
**2921 ARCH ST.
 TAMPA, FL 33607**

2. Principal Place of Business
1412 E 138 Ave

3. Mailing Address
1412 E 138 Ave

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33613 Country
US

Zip
33613 Country
US



03212006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3730931

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SOTO, WALTER
 2921 ARCH ST.
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name
Soto Israel

Street Address (P.O. Box Number is Not Acceptable)
1412 E 138 Ave

City
Tampa FL Zip Code
33613

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 **Israel Soto**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SOTO, WALTER	2921 ARCH ST.	TAMPA, FL 33607	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Soto, Israel	1412 E 138 Ave	Tampa, FL 33613	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Israel Soto** **Israel Soto** **4-27-06**

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