

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91511 009 \*\*\*150.00

<b>DOCUMENT #</b> P01000062401
<b>1. Entity Name</b> A.L.M. ALL SERVICES, INC

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc. 440 PALM AIRE DR WEST City & State POMPANO BEACH FL Zip 33069	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Country BROWARD
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<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b> 65-1117948	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>7. Name and Address of Current Registered Agent</b>	
Name ALESSANDRA RUOSPO	
Street Address (P.O. Box Number is Not Acceptable) 440 PALM AIRE DR WEST	
City POMPANO BEACH	Zip Code FL 33069

<b>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.</b>	
SIGNATURE <i>Alessandra Ruospo</i> ALESSANDRA RUOSPO	DATE 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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 State

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ALESSANDRA RUOSPO 440 PALM AIRE DR WEST POMPANO BEACH FL 33069	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GIANLUCA BERRONI 440 PALM AIRE DR WEST POMPANO BEACH FL 33069	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address with all other like empowered.</b>	
SIGNATURE <i>Alessandra Ruospo</i> ALESSANDRA RUOSPO DIRECTOR	DATE 04/22/03 954-588-2322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034B (12/02)