

2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-08-2004 90119 004 ***550.00

FIL P01000073053

SECRETARY OF STATE
DIVISION OF CORPORATION

04 OCT -8 AM 11:17



DOCUMENT # P01000073053

1. Entity Name
ALLCOM ENTERPRISE INC.

Principal Place of Business
80 NW 158TH STREET
N MIAMI, FL 33169

Mailing Address
PO BOX 600894
N MIAMI BEACH, FL 33160

2. Principal Place of Business
8388 NW 68ST
Suite, Apt. #, etc.

3. Mailing Address
8388 NW 68ST
Suite, Apt. #, etc.



08032004 Chg-P. CR2E034 (10/03)

City & State
Miami FLA.
Zip 33166 Country USA

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Miami FLA.
Zip 33166 Country USA

4. FEI Number
65-1125955
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RAMOS, GERMAN
80 NW 158TH STREET
N MIAMI, FL 33169
*Wrong address
Do not send any doc
to this address.*

7. Name and Address of New Registered Agent
Name *German Ramos*
Street Address (P.O. Box Number is Not Acceptable)
80 NW 158th Street
City *N. Miami* FL Zip Code *33169*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	PTE	<input type="checkbox"/> Delete
NAME	RAMOS, GERMAN	
STREET ADDRESS	80 NW 158TH STREET	
CITY-ST-ZIP	N MIAMI, FL 33169	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS A	
STREET ADDRESS	80 NW 158TH STREET	
CITY-ST-ZIP	N MIAMI, FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, HECTOR M	
STREET ADDRESS	80 NW 158TH STREET	
CITY-ST-ZIP	N MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/2004 305-244-5895
Date Daytime Phone