

2005

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

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90283 041 \*\*\*150.00

<b>DOCUMENT #</b> P01000075938
<b>1. Entity Name</b> Allrelations, Inc.- -

DO NOT WRITE IN THIS SPACE

20041910

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 1626 N.W. 143rd Way Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1626 N.W. 143rd Way Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-1128493	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>City &amp; State</b> Pembroke Pines, FL	<b>City &amp; State</b> Pembroke Pines, FL			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> 33028	<b>Country</b> USA	<b>Zip</b> 33028	<b>Country</b> USA		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

**Name**  
Villafane, Gerardo  
**Street Address (P.O. Box Number is Not Acceptable)**  
19148 N. Hibiscus St.

**City** Weston **FL** **Zip Code** 33332

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P Villafane, Gerardo 19148 N. Hibiscus St. Weston, FL 33332	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/VP Murillo, Luz M. 19148 N. Hibiscus St. Weston, FL 33332	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/S Yepes, Natalie 1626 N.W. 143rd Way Pembroke Pines, FL 33028	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/T Yepes, Stefanie 1626 N.W. 143rd Way Pembroke Pines, FL 33028	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stefanie Yepes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2005  
Date

954-430-2224  
Daytime Phone #