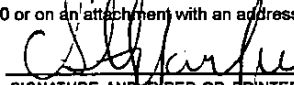


2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90361 038 ***150.00

DOCUMENT # P01000075938					
1. Entity Name Allrelations, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1626 N.W. 143rd Way Suite, Apt. #, etc.			3. Mailing Address 1626 N.W. 143rd Way Suite, Apt. #, etc.		
City & State Pembroke Pines, FL			City & State Pembroke Pines, FL		4. FEI Number 65-1128493
Zip 33028	Country USA	Zip 33028	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Villaflane, 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Villaflane, Gerardo 19148 N. Hibiscus St. Weston, FL 33332		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP Murillo, Luz M. 19148 N. Hibiscus St. Weston, FL 33332		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Yepes, Natalie 1626 N.W. 143rd Way Pembroke Pines, FL 33028		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Yepes, Stefanie 1626 N.W. 143rd Way Pembroke Pines, FL 33028		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Stefanie Yepes		954-430-2224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	