# 2004 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P01000096504**

**1.** Entity Name
ALL PC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7200 NW 31ST STREET | 7200 NW 31ST STREET |
| MIAMI, FL 33122 | MIAMI, FL 33122 |

**54053529**

04262004   No Chg-P   CR2E034 (10/03)

## DO NOT WRITE IN THIS SPACE

**4.** FEI Number
65-1143352

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MADEROS, RALPH
4114 NW 4TH TERRACE
MIAMI, FL 33126

## DO NOT WRITE
## IN THIS SPACE

**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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

**10.**                OFFICERS AND DIRECTORS

| TITLE | PSTD |
|---|---|
| NAME | RODRIGUEZ, ROBERTO |
| STREET ADDRESS | 9774 NW 31ST STREET |
| CITY-ST-ZIP | MIAMI, FL 33172 |

| 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 | |

## DO NOT WRITE
## IN THIS SPACE

**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   Date   Daytime Phone #