

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90311 028 ***150.00

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DOCUMENT # P01000098515			
1. Entity Name ALL SERVICES USA, CORP.			
Principal Place of Business 5832 ARTHUR ST HOLLYWOOD, FL 33021		Mailing Address 5832 ARTHUR ST HOLLYWOOD, FL 33021	
2. Principal Place of Business <i>279 SE 1 Ave</i>		3. Mailing Address <i>279 SE 1 Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Pompano Beach, FL</i>		City & State <i>Pompano Beach, FL</i>	
Zip <i>33060</i>		Zip <i>33060</i>	
Country		Country	
4. Fee Number 65-1143819		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEPULVEDA, EDIGAR 5832 ARTHUR ST HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name <i>Sepulveda, Edigar</i> Street Address (P.O. Box Number is Not Acceptable) <i>279 SE 1 Ave #1</i> <i>Pompano Beach FL</i> Zip Code <i>33060</i>	
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: <i>Edigar Sepulveda</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEPULVEDA, EDIGAR 5832 ARTHUR ST HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Sepulveda, Edigar</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>279 SE 1 Ave #1</i> <i>Pompano Beach, FL 33060</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSHE, VALENCIA 5832 ARTHUR ST HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice president</i> <i>279 SE 1 Ave #1</i> <i>Pompano Beach, FL 33060</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			