

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90098 010 ***150.00



DOCUMENT # P01000098515
 1. Entity Name
ALL SERVICES USA, CORP.

Principal Place of Business 279 SE 1 AVE 1 POMPANO BEACH, FL 33060	Mailing Address 279 SE 1 AVE 1 POMPANO BEACH, FL 33060
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2. Principal Place of Business - No P.O. Box # 5509 WEST MCNAB RD	3. Mailing Address 5509 WEST MCNAB RD
Suite, Apt. #, etc. 5509	Suite, Apt. #, etc. 5509

City & State NORTH LAUDERDALE	City & State NORTH LAUDERDALE
Zip 33068	Country USA

05112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1143819	Applied For Not Applicable
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6. Name and Address of Current Registered Agent
 SEPULVEDA, EDIGAR
 279 SE AVE 1
 POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent
 Name **SEPULVEDA EDIGAR**
 Street Address (P.O. Box Number is Not Acceptable)
5509 WEST MCNAB RD APT. 5509
 City **NORTH LAUDERDALE FL** Zip Code **33068**

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 Edgar Sepulveda DATE 05/01/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEPULVEDA, EDIGAR 279 SE AVE 1 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEPULVEDA EDIGAR 5509 WEST MCNAB RD APT 5509 NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEPULVEDA EDIGAR 5509 WEST MCNAB RD APT 5509 NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Edgar Sepulveda DATE 05/01/07 (954) 978-0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40110-

