

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90159 001 \*\*\*150.00  
05-16-2007 90159 002 \*\*\*\*\*8.75

**DOCUMENT # P02000030300**

1. Entity Name  
**ALL SERVICES GROUP, INC.**



Principal Place of Business  
**3660 SW 163RD AVE.  
MIRAMAR, FL 33027**

Mailing Address  
**3660 SW 163RD AVE.  
MIRAMAR, FL 33027**

00010103



04122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-3626865**

Applied For  
Not Applicable

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

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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
RODRIGUEZ, JORGE A  
3660 SW 163RD AVENUE  
MIRAMAR, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD  
RODRIGUEZ, MARIA V  
3660 SW 163RD AVENUE  
MIRAMAR, FL 33027**

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 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/07  
Date Daytime Phone #