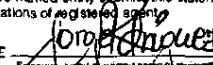


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90131 001 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80109700

DOCUMENT # P02000030300			
1. Entity Name ALL SERVICES GROUP, INC.			
Principal Place of Business 12374 NORTHWEST 11TH LANE SUITE 1103 MIAMI, FL 33182		Mailing Address 12374 NORTHWEST 11TH LANE SUITE 1103 MIAMI, FL 33182	
2. Principal Place of Business 3660 SW 163RD Av.		3. Mailing Address 3660 SW 163RD Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33027	Country USA	Zip 33027	Country USA
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME RODRIGUEZ, JORGE A STREET ADDRESS 12374 NORTHWEST 11TH LANE CITY-ST-ZIP MIAMI, FL 33182		TITLE PTD NAME Rodriguez Jorge A STREET ADDRESS 3660 Sw 163RD Avenue CITY-ST-ZIP Miramar, FL 33027	
TITLE SVD NAME RODRIGUEZ, MARIA V STREET ADDRESS 12374 NORTHWEST 11TH LANE CITY-ST-ZIP MIAMI, FL 33182		TITLE SVD NAME Rodriguez Maria V. STREET ADDRESS 3660 Sw 163RD Avenue CITY-ST-ZIP Miramar, FL 33027	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4/29/03 (95A) 885 6107 (305) 710-1245	