2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90126 007 ***150.00

DOCUMENT # P02000056925

1. Entity Name
ALL HOUSE SERVICES, INC.

Principal Place of Business	Mailing Address
500 S. CRESCENT DR. SUITE 106 HOLLYWOOD, FL 33021	500 S. CRESCENT DR. SUITE 106 HOLLYWOOD, FL 33021

05032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11101 Royal Palm Blvd.	11101 Royal Palm Bldv.
Suite, Apt. #, etc. 109	Suite, Apt. #, etc. 109
City & State Coral Springs - FL	City & State Coral Springs - FL
Zip 33065 Country USA	Zip 33065 Country USA

4. FEI Number 03-0435834 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOLINA, GUSTAVO R 500 S. CRESCENT DR. SUITE 106 HOLLYWOOD, FL 33021	Name Molina, Gustavo R. Street Address (P.O. Box Number is Not Acceptable) 100 SW 5th St. City Hallandale Beach FL Zip Code 33009

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] 04.28.04
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINA, GUSTAVO R 500 S. CRESCENT DR. SUITE 106 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Molina, Gustavo R. 100 SW 5th St. Hallandale-Beach - FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMAZINI, ALESSANDRA 500 S. CRESCENT DR. SUITE 106 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tomazini Alessandra 11101 Royal Palm Bldv, apt 109 Coral Springs - FL 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 04.28.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #