

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064879

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: ALL INTERIOR GLASS & SHELVING, INC.

## Current Principal Place of Business:

1191 16TH AVENUE S W  
NAPLES, FL 34117

## New Principal Place of Business:

5243 CONFEDERATE DR  
NAPLES, FL 34113

## Current Mailing Address:

1191 16TH AVENUE S W  
NAPLES, FL 34117

## New Mailing Address:

5243 CONFEDERATE DR  
NAPLES, FL 34113

FEI Number: 01-0710728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLANCO, BETSY  
1191 16TH AVE SW  
NAPLES, FL 34117 US

## Name and Address of New Registered Agent:

BLANCO, BETSY  
5243 CONFEDERATE DR  
NAPLES, FL 34113 US

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.

SIGNATURE:

03/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: BLANCO, BETSY  
Address: 1191 16TH AVENUE S W  
City-St-Zip: NAPLES, FL 34117

Title: VTD ( ) Delete  
Name: ARO, FIDELIO J  
Address: 1191 16TH AVENUE S W  
City-St-Zip: NAPLES, FL 34117

Title: S ( ) Delete  
Name: MARTINEZ, JUAN F  
Address: 1191 16TH AVENUE S W  
City-St-Zip: NAPLES, FL 34117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: BLANCO, BETSY  
Address: 5243 CONFEDERATE DR  
City-St-Zip: NAPLES, FL 34113

Title: VTD (X) Change ( ) Addition  
Name: ARO, FIDELIO J  
Address: 5243 CONFEDERATE DR  
City-St-Zip: NAPLES, FL 34113

Title: S (X) Change ( ) Addition  
Name: MARTINEZ, JUAN F  
Address: 5243 CONFEDERATE DR  
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FIDELIO ARO

VTD

03/01/2006

Electronic Signature of Signing Officer or Director

Date