

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90002 044 \*\*\*150.00

**DOCUMENT # P02000083674**

1. Entity Name  
**ALL PRO HANDYMAN SERVICES, CORP**



Principal Place of Business  
1521 NE 34TH CT  
POMPAÑO BEACH, FL 33064

Mailing Address  
1521 NE 34TH CT  
POMPAÑO BEACH, FL 33064

**54058107**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03262003 Chg-P CR2E034 (10/03)

4. FEI Number  
**61-1421304**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ARANA, ESTHER M**  
**1521 NE 34TH CT**  
**POMPAÑO BEACH, FL 33064**

7. Name and Address of New Registered Agent  
Name **DANNY T. SALAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1521 NE 34TH CT**  
City **Pompano Beach** FL Zip Code **33064**

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 \$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	P ARANA, PEDRO L 1521 NE 34TH CT POMPAÑO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DANNY T. SALAS 1521 NE 34TH CT. Pompano Beach FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARANA, ESTHER M 1521 NE 34TH CT POMPAÑO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: **6/7/04** (854) 784 7691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/1/04.

Attachment

Doc. # 02000083674

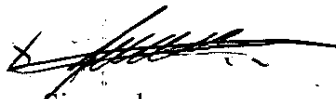
54058107

Division of Corporations  
409 East Gaines St  
Tallahassee FL 33441

Dear Sir/Madam :

My name is Danny T. Salas presently the only officer and owner of All Pro Handyman Services Corp with present address at 1521 Ne 34<sup>th</sup> CT Pompano Beach FL 33064, . According to our conversation by phone I'm writing to explain why I did not file the ~~annual report on time. As I told you I was not aware that I have to file an annual report.~~ I never received any correspondence from your organization advised me to do so. I just find out because I was told by the Accountant that will be preparing my corporation taxes.

Thank you very much for your collaboration in this matter.

  
Sincerely,  
Danny T Salas