


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

03-17-2003 91104 005 ***150.00
05-27-2003 90176 002 ****70.00

DOCUMENT # **P02000086041**
1. Entity Name
ALL AROUND Custom ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15665 SW 82 cir Ln
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 830023
Suite, Apt. #, etc.

City & State **Miami, FL**

Zip **33193** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **30-0104531**

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

DO NOT WRITE IN THIS SPACE

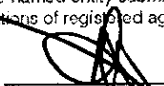
7. Name and Address of Current Registered Agent

Name **Alexander L. Marti**

Street Address (P.O. Box Number is Not Acceptable)
15665 SW 82 cir Ln

City **Miami** FL Zip Code **33193**

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.

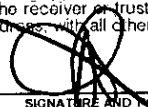
SIGNATURE  **Alexander L. Marti President** DATE **5/23/03**

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	President Alexander L. Marti 15665 SW 82 cir Ln Miami, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Alexander L. Marti 15665 SW 82 cir Ln Miami, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary Alexander L. Marti 15665 SW 82 cir Ln Miami, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	treasurer Alexander L. Marti 15665 SW 82 cir Ln Miami, FL 33193	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		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 507, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Alexander L. Marti President** DATE **5/23/03** 786-295-7938

CR2E034B (12/02)