

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90007 045 ***558.75

DOCUMENT # P02000093468

1. Entity Name
ALL ABOUT REAL ESTATE, INC.



Principal Place of Business
**2500 HOLLYWOOD BLVD.
SUITE 408
HOLLYWOOD, FL 33020**

Mailing Address
**2500 HOLLYWOOD BLVD.
SUITE 408
HOLLYWOOD, FL 33020**

44050855



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052004

Chg-P

CR2E034 (10/03)

4. FEI Number

14-1862599

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOULET, GUY J
4199 SW 67 AVE APT 104C
DAVIE, FL 33314**

7. Name and Address of New Registered Agent

Name **GOULET, Guy J.**

Street Address (P.O. Box Number is Not Acceptable)
3300 N. ST. RD 7 H653

City **Hollywood**

FL

Zip Code **33021**

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, 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

TITLE **D** ☐ Delete
NAME **GOULET, GUY J**
STREET ADDRESS **4199 SW 67 AVE APT 104C**
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **GOULET, Guy J.**
STREET ADDRESS **3300 N. ST. RD 7 H653**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: **Guy J. Goulet**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04 954-924-4732
Date Daytime Phone #