


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 042 ***158.75

DOCUMENT # P02000095034			
1. Entity Name ALLGALLERIES CORPORATION			
Principal Place of Business 900 WEST AVENUE #1021 MIAMI BEACH FL 33139		Mailing Address 900 WEST AVENUE #1021 MIAMI BEACH FL 33139	
2. Principal Place of Business - No P.O. Box # 1330 West Avenue		3. Mailing Address 1330 West Avenue	
Suite, Apt. #, etc. 1010		Suite, Apt. #, etc. 1010	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33139	Country USA



1st MOORE CR2E034 (10/06)

4. FEI Number NO-T APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
TEJERA, MARISA M 900 WEST AVENUE #1021 MIAMI BEACH FL 33139		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEJERA, MARISA M		NAME Tejera, Marisa M.	
STREET ADDRESS 6628 SW 65TH ST.		STREET ADDRESS 1330 West Avenue #1010	
CITY - ST - ZIP MIAMI FL 33143		CITY - ST - ZIP Miami Beach, FL 33139	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEJERA, MARIE E		NAME Tejera, Marie E.	
STREET ADDRESS 6628 SW 65TH ST.		STREET ADDRESS 1330 West Avenue #1010	
CITY - ST - ZIP MIAMI FL 33143		CITY - ST - ZIP Miami Beach, FL 33139	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEJERA, CAROLINA		NAME Tejera, Carolina	
STREET ADDRESS 6628 SW 65TH ST.		STREET ADDRESS 1330 West Avenue #1010	
CITY - ST - ZIP MIAMI FL 33143		CITY - ST - ZIP Miami Beach, FL 33139	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEJERA, ANDREA		NAME Tejera, Andrea	
STREET ADDRESS 6628 SW 65TH ST.		STREET ADDRESS 1330 West Avenue #1010	
CITY - ST - ZIP MIAMI FL 33143		CITY - ST - ZIP Miami Beach, FL 33139	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Marisa M. Tejera 1 April 2007 305-532-0722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #