

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100187

Entity Name: ALL AMERICAN OFFSHORE, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

P. O. BOX 464
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 464
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 50-0006371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL, J.
1427 S.W. 50 AVENUE
FORT LAUDERDALE, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'NEILL, JAMES
Address: 1472 S.W. 50 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: VD () Delete
Name: PRESTON, NEAL
Address: P.O. BOX 464
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: PECK, GEOFFREY
Address: 1135 MAKAWAO AVENUE #206
City-St-Zip: MAKAWAO, HI 96768

Title: SD () Delete
Name: PIERCE, PIERRE
Address: 104 FALCON ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES O'NEILL

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date