

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000110938

1. Entity Name
ALL SAFE SERVICES CO.



Principal Place of Business
**13876 SW 56TH ST., #146
MIAMI, FL 33175**

Mailing Address
**13876 SW 56TH ST., #146
MIAMI, FL 33175**



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1842795	Applied For <input 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

**GOMEZ, EDGAR
13876 SW 56TH ST., #146
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

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 E. Gomez *President* 04/07/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

U000000108164
04/09/04-80044-006 8.75

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GOMEZ, EDGAR
STREET ADDRESS	13876 SW 56TH ST., #146
CITY- ST- ZIP	MIAMI, FL 33175

TITLE	DS
NAME	CASTRO, SANDRA
STREET ADDRESS	13876 SW 56TH ST., #146
CITY- ST- ZIP	MIAMI, FL 33175

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/09/04-80044-007 150.00

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: E. Gomez *Edgar Gomez* 04/07/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #