

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000125844

1. Entity Name
ALL FLORIDA REAL ESTATE ENTERPRISE INC



FILED

07 FEB 14 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10305 SW 152 ST
MIAMI, FL 33157

Mailing Address
10305 SW 152 ST
MIAMI, FL 33157



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072007

Chg-P

CR2E034 (12/06)

4. FEI Number
04-3723262

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER-JONES, DEDRA ANN
10305 SW 152 ST
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000088896690

02/21/07--01026--004 **70.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME TUCKER-JONES, DEDRA ANN
STREET ADDRESS 10305 SW 152 ST
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HOMER J. TUCKER
STREET ADDRESS 3151 NW 4 Place
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dedra A. Tucker-Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/07 (305) 255-6637
Date Daytime Phone #

22/16