

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2,004

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90003 016 ***150.00

DOCUMENT # P03000028819	
1. Entity Name	

ALL BOYS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19280 E. COUNTRY CLUB DRIVE	3. Mailing Address 19280 E. COUNTRY CLUB DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

54055085

DO NOT WRITE IN THIS SPACE

City & State AVENTURA, FL	City & State AVENTURA, FL	4. FEI Number 75-3105512	Applied For <input type="checkbox"/> Not Applicable
Zip 33180	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DLR ACCOUNTING CORPORATION
— Street Address (P.O. Box Number is Not Acceptable) —
6336 GRANT STREET

City HOLLYWOOD **FL** **Zip Code** 33024

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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GUSTAVO A. CHAMPANIER 19280 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO A. CHAMPANIER

5/17/2004

Date

(305) 491-6693

Daytime Phone #