## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2.004

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

Date

Daytime Phone #

DOCUMENT # P03000028819 1. Entity Name				Secretary of State 05-21-2004 90003 016 ***150.00	
ALL BOYS, INC.	etro- all interestation desire on the	white the feat of months while it in the	per regression of control regarding to commonly to considering a		
A TOOK	OT WEIT	E IN THIS	CDACE		
DU			JEAUL TO THE STATE OF THE STATE	·	
2. Principal Place of Business 19280 E. COUNTRY CLUB DRIVE		3. Mailing Address 19280 E. COUNTRY CLUB DRIVE		54055085	
Suite, Apt. #, etc.		Suite, Apt. #, e		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For	
AVENTURA, FL	1 2	AVENTURA, FL		75-3105512	Not Applicable
Zip 33180	Country	Zip 33180	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			7. Nan	ne and Address of Current Regist	<del></del>
			Name		
	ONO,TAV	VRITE		ITING CORPORATION ress (P.O. Box Number is Not Acce	otable)
	N.THIS S		6336 GRANT		p.000.00)
			City HOLLYWOOD	FL	Zip Code 33024
8. The above named	entity submits this	statement for the pur	pose of changing its regis	stered office or registered agent, or	both, in the
	am tamiliar with, ai	nd accept the obligation	ons of registered agent.		
SIGNATURE	ure hyper or printed nom	e of registered agent and tith	a if annirable (NOTE: Denict	ered Agent signature required when reinstatin	a) DATE
January,1	- May 1 Fee is \$15	i0.00 f	e ii applicative. (NOTE, Neglisi	med rigen suraure requied with renstatut	y) DATE
After M	ay 1, Fee is \$550.i ded UBR is \$61.2!	)0 \		9. Election Campaign Financing	\$5.00 May Be
Make Check Payabl	e to Florida Depar	tment of State		Trust Fund Contribution.	Added to Fees
10.	OFFICERS	AND DIRECTORS	11.		
TITLE NAME	PRESIDENT GUSTAVO A. CH	AMDANIED	NAME	Free State of the	THE STATE OF THE S
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12. I hereby certify that	the information suppli	ed with this filing does no	ot qualify for the exemption s	tated in Section 119.07(3)(i), Florida Sta	itutes. I further
certify that the inform	nation indicated on th	is report or supplemental	I report is true and accurate a	and that my signature shall have the sar	ne legal effect
as it made under oat Chapter 607. Florida	in; that I am an office: I Statutes: and that m	r or director of the corpor	ration or the receiver or truster	ee empowered to execute this report as an address, with all other like empower	required by
	January and mat m	y maine appears in DIOCN	Crook on an attachment with	i an addices, with all other like empowel	
SIGNATURE	1	GUSTAVO	A CHAMDANIED	E/47/2004 /20	NE) 404 CC03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR