

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

2,005

**FILED
May 16, 2005 8:00 am
Secretary of State**

05-16-2005 90201 001 ***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 20937 BAY COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE # 116	
City & State AVENTURA, FL		City & State AVENTURA	
Zip 33180	Country	Zip 33180	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3105512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

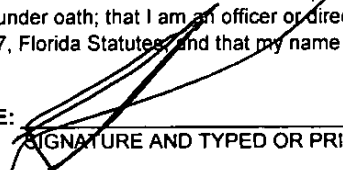
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GUSTAVO A. CHAMPANIER 20937 BAY COURT AVENTURA, FL 33180
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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:  **GUSTAVO A. CHAMPANIER** **5/11/2005** **(305) 491-6693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

40084100