2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P03000033563

Entity Name: ALL MY SONS MOVING & STORAGE OF TAMPA, INC.

Current Principal Place of Business:

472 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

472 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 54-2104461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, BETTY
472 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PETERSON, BETTY
Address: 472 HOLIDAY DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP ( ) Delete
Name: ALAIMO, ROSARIO
Address: 100 GOLDEN ISLES DRIVE APT 110
City-St-Zip: HALLANDALE, FL 33009

Title: SD (X) Delete
Name: MATTHEW, HOYOS S
Address: 472 HOLIDAY DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: PETERSON, BETTY
Address: 472 HOLIDAY DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPD (X) Change ( ) Addition
Name: HOYOS, MATTHEW S
Address: 472 HOLIDAY DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY PETERSON, P/D P/D 04/27/2009

Electronic Signature of Signing Officer or Director — Date