

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056864

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: ALL-PURPOSE SOLUTIONS, INC.

## Current Principal Place of Business:

P.O. BOX 290575  
DAVIE, FL 333290575

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 290575  
DAVIE, FL 333290575

## New Mailing Address:

FEI Number: 14-1885316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOMINGUEZ, SANDY  
4163 SW 67TH AVENUE  
UNIT 207-C  
DAVIE, FL 33314 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: DOMINGUEZ, SANDY  
Address: 4163 SW 67TH AVE., UNIT 207-C  
City-St-Zip: DAVIE, FL 33314

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: CABRERA, DARELYS  
Address: 6190 WEST 19 AVE, 208  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDY DOMINGUEZ

P

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date