

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056864

FILED
May 29, 2008
Secretary of State

Entity Name: ALL-PURPOSE SOLUTIONS, INC.

Current Principal Place of Business:

6190 WEST 19 AVE
208
HIALEAH, FL 33012

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
6190 WEST 19 AVE
208
HIALEAH, FL 33012 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOMINGUEZ, SANDY
Address: 6190 WEST 19 AVE, 208
City-St-Zip: HIALEAH, FL 33012

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SANDY DOMINGUEZ

PD

05/29/2008

Electronic Signature of Signing Officer or Director

_____ Date