

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90045 022 ***150.00

DOCUMENT # P03000058637					
1. Entity Name ALL J HELP, INC.					
Principal Place of Business 11846 ISLAND LAKES LANE BOCA RATON, FL 33498 US			Mailing Address 11846 ISLAND LAKES LANE BOCA RATON, FL 33498 US		
2. Principal Place of Business 4818 N. CLASSICAL BLVD. Suite, Apt. #, etc.		3. Mailing Address 4818 N. CLASSICAL BLVD. Suite, Apt. #, etc.			
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL		4. EEL Number 37-1467710	
Zip 33445 COUNTRY PALESTINE		Zip 33445 COUNTRY PALESTINE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAKHANOV, JACOB 11846 ISLAND LAKES LANE BOCA RATON, FL 33498			7. Name and Address of New Registered Agent Name JACOB SHAKHANOV Street Address (P.O. Box Number is Not Acceptable) 4818 N. CLASSICAL BLVD. City DELRAY BEACH FL Zip Code 33445		
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 01/30/2004 <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SHAKHANOV, JACOB STREET ADDRESS 11846 ISLAND LAKES LANE CITY-ST-ZIP BOCA RATON, FL 33498	<input type="checkbox"/> Delete		TITLE D NAME SHAKHANOV, JACOB STREET ADDRESS 4818 N. CLASSICAL BLVD. CITY-ST-ZIP DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date 01/30/2004 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					