2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P03000069095

Entity Name: ALL SEASONS IMPORTS INC.

Current Principal Place of Business:

9820 NW 77TH AVE
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

PO BOX 160808
HIALEAH, FL 33016

New Mailing Address:

9820 NW 77TH AVE
HIALEAH GARDENS, FL 33016

FEI Number: 20-0072268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIPS, JAMES
9820 NW 77 AVE
HIALEAH GARDENS, FL 33016 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: PRES ( ) Delete
Name: KNIPS, JAMES
Address: 9820 NW 77TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: V ( ) Delete
Name: KNIPS, JAMES
Address: 9820 NW 77 TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: S ( ) Delete
Name: KNIPS, JAMES
Address: 9820 NW 77TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: T ( ) Delete
Name: KNIPS, JAMES
Address: 9820 NW 77TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: D ( ) Delete
Name: KNIPS, JAMES
Address: 9820 NW 77TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES KNIPS PRES 04/24/2008

Electronic Signature of Signing Officer or Director Date