


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000120802**

1. Entity Name  
ALL EYES ON ME, INC.



Principal Place of Business 436 EAST BOCA RATON ROAD BOCA RATON, FL 33432	Mailing Address 436 EAST BOCA RATON ROAD BOCA RATON, FL 33432
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FILED  
07 MAY -9 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 32-0108238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARINELLI, JOHN V  
4701 NORTH FEDERAL HIGHWAY  
SUITE 320  
LIGHTHOUSE POINT, FL 33064

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COHEN, SHARON 436 EAST BOCA RATON ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>075/16</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300103099709  
05/23/07--01019--017 \*\*400.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** \_\_\_\_\_ *President* Date *4/24/07* Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR