


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P03000120802 | |  |
| 1. Entity Name ALL EYES ON ME, INC. | | |

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|---|---|
| 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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DO NOT WRITE IN THIS SPACE

FILED
07 MAY -9 PM 3:43
TALLAHASSEE, FLORIDA



04242007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| 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>07/5/16</i> |
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800103099709
05/23/07--01019--017 **400.00

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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 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: *[Signature]* President 4/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #