


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90028 032 \*\*\*150.00

<b>DOCUMENT # P04000020624</b>		
1. Entity Name ALL BEST REALTY, INC		

Principal Place of Business 2700 WEST ATLANTIC BLVD 204C POMPANO BEACH, FL 33069 US	Mailing Address 6722 NORTH STATE RD 7 COCONUT CREEK, FL 33073 US
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40004313

2. Principal Place of Business - No P.O. Box # <i>2720 W. ATLANTIC BLVD</i>	3. Mailing Address <i>2720 W. ATLANTIC BLVD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01122008 Chg-P CR2E034 (12/06)

City & State <i>Pompano Beach, FL.</i>	City & State <i>Pompano Beach, FL</i>	4. FEI Number 73-1693410	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33069</i>	Country	Zip <i>33069</i>	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  BILU, RON S ESQ 10 FAIRWAY DRIVE 304 DEERFIELD BEACH, FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILU, SHMUEL 6722 NORTH STATE RD 7 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Shmuel Bilu* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *03/12/08* **Date** Daytime Phone # \_\_\_\_\_