

FILED
May 03, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000030782

1. Entity Name
ALL AROUND FLOORS, INC.



Principal Place of Business
3681 S.W. 18 TERRACE
MIAMI, FL 33145

Mailing Address
8500 SW 149 AVENUE, #2210
MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CRZE034 (11/05)

4. FEI Number
28-0749128

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

MACHIN, JAVIER
3681 S.W. 18 TERRACE
MIAMI, FL 33145

**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

Signature, print or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when returning)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 807.193(2)(a), F.S., this
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
MACHIN, JAVIER
3681 S.W. 18 TERRACE
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MACHIN, EILEEN
3681 S.W. 18 TERRACE
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/18/06-80054-020 150.00

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 secretary or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all authority empowered.

SIGNATURE:

Javier Machin

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

5/1/06 305-388-4321

DATE

Day/Mo/Yr