

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000033548

1. Entity Name

ALL AMERICAN SUPPORT, INC.



Principal Place of Business

8410 WEST FLAGLER STREET STE 214B
MIAMI, FL 33144

Mailing Address

8410 WEST FLAGLER STREET STE 214B
MIAMI, FL 33144



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0786511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 SW 3RD STREET 6TH FLOOR
MIAMI, FL 33130

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILA, PABLO
STREET ADDRESS 8410 WEST FLAGLER STREET STE 214B
CITY-ST-ZIP MIAMI, FL 33144

TITLE DVT
NAME MILA, MICHAEL
STREET ADDRESS 8410 WEST FLAGLER STREET STE 214B
CITY-ST-ZIP MIAMI, FL 33144

TITLE DS
NAME MILA, NANCY
STREET ADDRESS 8410 WEST FLAGLER STREET STE 214B
CITY-ST-ZIP MIAMI, FL 33144

TITLE AS
NAME HARRIS, ELLIOTT
STREET ADDRESS 111 SW 3RD STREET SIXTH FLOOR
CITY-ST-ZIP MIAMI, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

4-21-06 305-223-1476