

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90163 023 ***150.00

DOCUMENT # P04000033548

1. Entity Name
ALL AMERICAN SUPPORT, INC.



Principal Place of Business
8700 WEST FLAGLER STREET STE 285
MIAMI, FL 33174

Mailing Address
8700 WEST FLAGLER STREET STE 285
MIAMI, FL 33174

60032404



03272008 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 <input type="checkbox"/>	\$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, 2008 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	8700 WEST FLAGLER STREET STE 285
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	DVT
NAME	MILA, MICHAEL
STREET ADDRESS	8700 WEST FLAGLER STREET STE 285
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	DS
NAME	MILA, NANCY
STREET ADDRESS	8700 WEST FLAGLER STREET STE 285
CITY-ST-ZIP	MIAMI, FL 33174
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

Daytime Phone #

4/25/08

305.223-1470