

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90081 011 ***150.00

DOCUMENT # P04000088920

1. Entity Name
ALL CHEM USA INC.



Principal Place of Business
6778 LANTANA RD
STE 3
LAKE WORTH, FL 33467

Mailing Address
12 MIDDLE NECK RD
ROSLYN, NY 11576

40038416



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12 MIDDLE NECK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122007

Chg-P

CR2E034 (12/06)

City & State

City & State

ROSLYN NY

4. FEI Number

16-1701457

Applied For

Not Applicable

Zip

Country

Zip

Country

11576

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE, MICHAEL L ESQ
2616 SE WILLOUGHBY BLVD
STUART, FL 34991

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PICCIANO, JOHN A JR
STREET ADDRESS 11 VALLEY ROAD
CITY-ST-ZIP GLEN COVE, NY 11542

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOODS, DOUGLAS
STREET ADDRESS 6487 NIKKI WAY
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/07

5166273913