2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136849

Title:

Name:

Address: City-St-Zip: SEC.

(X) Delete

FRANCOVIG, GINO A

1502 BLUE JAY CIRCLE

WESTON, FL 33327 US

Entity Name: ALL ACTION INVESTMENTS, INC.

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1502 BLUE JAY CIRCLE WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 1502 BLUE JAY CIRCLE WESTON, FL 33327 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYES, RUBEN FRANCOVIG, JESSICA 11741 NW 27 CT. 1502 BLUE JAY CIRCLE PLANTATION, FL 33323 US WESTON, FL 33327 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. SIGNATURE: JESSICA FRANCOVIG 03/14/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition REYES, RUBEN FRANCOVIG, JESSICA Name: Name: 11741 NW 27 CT. 1502 BLUE JAY CIRCLE Address: Address: City-St-Zip: PLANTATION, FL 33323 US City-St-Zip: WESTON, FL 33327 US VΡ Title: VΡ Title: () Delete (X) Change () Addition FRANCOVIG, GINO A YUPANQUI, IVAN Name: Name: 16301 SW 70 ST. 1502 BLUE JAY CIRCLE Address: Address: MIAMI, FL 33193 US WESTON, FL 33327 US City-St-Zip: City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition GIL, JORGE Name: Name: 641 E 59 ST. Address: Address: City-St-Zip: HIALEAH, FL 33013 US City-St-Zip: Title: (X) Delete Title: () Change () Addition LA TORRE, FARID Name: Name: Address: 846 VANDA TE. Address: City-St-Zip: WESTON, FL 33327 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JESSICA FRANCOVIG P 03/14/2005

() Change () Addition