## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P04000137347

## FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90157 028 \*\*\*150.00

1. Entity Nam ALL GRA SO. FL. II	ND GARAGE & ROLLING D	OOR SERVICE OF				
Principal Plac	e of Business	Mailing Address		-		
5531 NW 11 MIAMI, FL 3:	2 AVENUE #114 3178	5531 NW 112 AVENUE # MIAMI, FL 33178	<del>'</del> 114	! <b>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</b>	BENG BELBI MBOB NGU TEBBA MIN BIGU KBURUK ILIYER	I
	Sace of Business 30 Ave.	3. Mailing Address 9901 NW	80 Ave			
Suite, Apt. #, etc. 3 A		Suite, Apt. #, etc. 3 A		04202005 Chg-P	CR2E034 (10/03)	
	lialeah Gardens, Fl	City & State  Fleate at	Cordens, FL	4. FEI Number 20 - 1717	883 Applied Fo	
<sup>zi</sup> 330	16 SA	Zip 33016	Country 54	5. Certificate of Status De	sired   \$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	Name 🎿	7. Name and Address of	New Registered Agent	
LUGO, MARGARITA  5531 NW 112 AVENUE #114  MIAMI, FL 33178  Name  MUGO, Margarita  Street Address (FO, Box Number is Not Acceptable) 3 Street						
			City 7	licamar	FL Zip Cod \$30.	2-3
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.	Marganita Luga	and title if any black (NOTE: 8	E L L/	red-ren (sinstating)	DATE	
	Ogradius, ippod or gentrou name or registerati agent a		<u>-</u>		DATE	$\dashv$
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	S. Election Campaigr     Trust Fund Contrib		5.00 May Be dded to Fees		
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES	O OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PS LUGO, MARGARITA	☐ Delete	TITLE NAME		☐ Change ☐ Ad	dition
STREET ADDRESS	5531 NW 112 AVENUE #114		STREET ADDRESS /	38685W 53 S	met	i
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	niramor, FL	33027	
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CITY-ST-ZIP			CITY-ST-ZIP			ļ
indicated of the co	certify that the information supplied with d on this report or supplemental report is	true and accurate and that my	signature shall have the	ne same legal effect as if made	under oath; that I am an officer or direct	ctor
	rporation of the receiver or trustee empo	ith all other like among a	s required by Criapter (	507, monda Statutes; and that i	Ily harne appears in block to or block	
SIGNAT	t, or on an attachment with an address, v	vith all other like empowered.	s required by Chapter (	our, Piorida Statutes; and that h	15 365 819080	