


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90002 001 ***585.00

DOCUMENT # P04000158078 1. Entity Name ALL WOUND UP, INC.					
Principal Place of Business 999 PONCE DE LEON BOULEVARD PH 1120 CORAL GABLES, FL 33134			Mailing Address 999 PONCE DE LEON BOULEVARD PH 1120 CORAL GABLES, FL 33134		
2. Principal Place of Business 1500 San Remo Ave Suite, Apt. #, etc. PH 400 City & State Coral Gables, FL			3. Mailing Address ← Same Suite, Apt. #, etc. City & State Zip Country USA		
4. FEI Number 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			07282005 Chg-P CR2E034 (10/03) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent VELIZ, ANA M ESQ. 999 PONCE DE LEON BOULEVARD PH 1120 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Jose E. Fuente CPA Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave PH 400 City Coral Gables FL Zip Code 33146		
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: <u>Jose E Fuente CPA</u> DATE: <u>8-16-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1Y		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VELIZ, ANA M 999 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jose E Fuente 1500 San Remo Ave, PH 400 Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Jose E Fuente</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>8-16-05</u> Daytime Phone #: <u>305-669-5180</u>		

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