2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000025439

Entity Name: ALL G'S OF FLORIDA, INC.

Current Principal Place of Business:

14 HARBOR WOODS DRIVE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

14 HARBOR WOODS DRIVE
SAFETY HARBOR, FL 34695 US

New Mailing Address:

14 HARBOR WOODS DRIVE
SAFETY HARBOR, FL 34695 US

FEI Number: 20-2374181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEMMA, FRANK L
14 HARBOR WOODS DRIVE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GEMMA, FRANK P
Address: 10035 E CORRINE DRIVE
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: VP ( ) Delete
Name: GEMMA, FRANK L
Address: 14 HARBOR WOODS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: SEC ( ) Delete
Name: GEMMA, NEAL J
Address: 3002 CLEVELAND STREET UNIT # A7
City-St-Zip: TAMPA, FL 33609 US

Title: TREA ( ) Delete
Name: GONZALEZ, ANTONIO
Address: 19114 GOLDEN CACOON PLACE
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ANTONIO GONZALEZ TREA 04/16/2009

Electronic Signature of Signing Officer or Director Date