## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

	AITHUAL	1/21 01/1		Convetorer of Cto
DOCUMENT # P05000040439				Secretary of Star
1. Entity Nar				
ALL PEN	ICE SALE CORP.			
Principal Plac	ce of Business	Mailing Address		]
303 SE 16		303 SE 16 TERRACE		
CAPE CORAL	L, FL 33990	CAPE CORAL, FL 33990		
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	O NOT WOITE	IN THE COA	^ <b>-</b>	04172007 No Chg-P CR2E034 (11/05)
L.	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For
				20-2551408   Not Applicable
,		- N - N		5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		
BENCOM	O IIIANI C			
BENCOMO, JUAN C 303 SE 16 TERRACE				DO NOT WRITE
CAPE CORAL, FL 33990				IN THIS SPACE
				IN THIS STACE
	1			•
8. The above named entity submits this element 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 of printed stame of registered agent and title if applicable (NOTE Registered			nd Applitance from the	J Dea (Unio K.s. 9 1/2) 0 )
Signature, typed of printed fame of registered agent and title if applicable (NOTE Registered Applit pignature required when reinstating)  DATE				
FIL	E NOW!!! FEÉ IS \$150,00	9. Election Campaign Fina		.00 May Be
After M	ay 1, 2007 Fee will be \$550.0	<ul> <li>Trust Fund Contribution.</li> </ul>	. LJ Add	led to Fees
10.	OFFICERS AND D	DIRECTORS		
TITLE NAME	P BENCOMO, JUAN C			
STREET ADDRESS	303 SE 16 TERRACE			
CITY-ST-71P	CAPE CORAL, FL 33990		j i	•
TITLE	SEC		7	. U00000740730
NAME	LASTRA, REGLA C			U00000740730 05/14/07-80078-022 150.0
STREET ADDRESS CITY-ST-ZIP	303 SE 16 TERRACE   CAPE CORAL, FL 33990			
TITLE			1	
NAME				
STREET ADDRESS	1	•	-	DO NOT WRITE
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NAME			Į	IN THIS SPACE
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TITLE			1	
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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, if 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 trusted 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 arcress, with all other like empowered.

. Bergans

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date 4 13 107