

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153370

FILED
May 01, 2009
Secretary of State

Entity Name: ALL COUNTY PROPERTIES & INVESTMENS INC

Current Principal Place of Business:

90 E 35 ST
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

90 E 35 ST
HIALEAH, FL 33013

New Mailing Address:

18566 NE 18 AVE.
209
MIAMI, FL 33179

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARENCIBIA, ULISES
90 E 35 ST
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

ARENCIBIA, ULISES
18566 NE 18 AVE
209
MIAMI, FL 33179 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARENCIBIA, ULISES
Address: 90 E 35 ST
City-St-Zip: HIALEAH, FL 33013

Title: MRS. () Delete
Name: ARENCIBIA, BARBARA A MRS.
Address: 90 E 35 ST
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARENCIBIA, ULISES
Address: 18566 NE 18 AVE UNIT 209
City-St-Zip: MIAMI, FL 33179

Title: MRS. (X) Change () Addition
Name: ARENCIBIA, BARBARA A MRS.
Address: 13620 SW 20 ST.
City-St-Zip: MIRAMAR, FL 33027

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: ULISES ARENCIBIA

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date