## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000165235**

1. Entity Name

ALL BROTHERS SERVICE AND REPAIR CORP



FILED Apr 04, 2007 08:00 A Secretary of State

Principal Place of Business

218 NW 15 AVE

218 NW 15 AV 307

MIAMI, FL 33125

Mailing Address

218 NW 15 AVE 307

MIAM), FL 33125



## DO NOT WRITE IN THIS SPACE

03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3984358

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, EDEL D 218 NW 15 AVE 307 MIAMI, FL 33125

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOWI!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Carripaign Finance - Trust Fund Contribution.				\$5.00 May Be Added to Fees	-	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, EDEL D 218 NW 15 AVE #307 MIAMI, FL 33125				U00000 04/11/0?-	690463 80077-019 8.75
TITLE MAME STREET ADDRESS CITY-ST-ZIP						690463 80077-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	IN .	THIS SF	PACE
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND FIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/07 305-305-6755

Deytime Pho