2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# P06000012919

Entity Name: ALL UNITED MOVING & STORAGE INC

Current Principal Place of Business:

6161 NW 2 AVE
APT 119
BOCA RATON, FL 33487 US

New Principal Place of Business:

7025 BERACASA WAY
STE 102C
BOCA RATON, FL 33433 US

Current Mailing Address:

6161 NW 2 AVE
APT 119
BOCA RATON, FL 33487 US

New Mailing Address:

250 NW 67 AVE
APT 219
BOCA RATON, FL 33487 US

FEI Number: 20-4177847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOCRON, GABRIEL
6161 NW 2 AVE
APT 119
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

CHOCRON, GABRIEL
250 NW 67 AVE
APT 219
BOCA RATON, FL 33487 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: GABRIEL CHOCRON 02/14/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHOCRON, GABRIEL
Address: 6161 NW 2 AVE APT 119
City-St-Zip: BOCA RATON, FL 33487 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHOCRON, GABRIEL
Address: 250 NW 67 AVE APT 219
City-St-Zip: BOCA RATON, FL 33487 US

Title: VP ( ) Change (X) Addition
Name: SIMHON-CHOCRON, MAYA
Address: 250 NW 67 AVE APT 219
City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GABRIEL CHOCRON P 02/14/2007
Electronic Signature of Signing Officer or Director Date