

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 19, 2007 8:00 am
Secretary of State

05-17-2007 90036 024 ***150.00

DOCUMENT # P06000017549					
1. Entity Name CALL 4 ALL INC					
Principal Place of Business 9618 FONTAINEBLEAU BLVD MIAMI, FL 33172			Mailing Address 9618 FONTAINEBLEAU BLVD MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 9615 Fontainebleau Blvd		3. Mailing Address 9615 Fontainebleau Blvd		66019445 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007 Chg-P CR2E034 (12/06)	
City & State Miami FL		City & State Miami FL		4. FEI Number 20-426 2896	
Zip 33172		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, GUILLERMO 9618 FONTAINEBLEAU BLVD MIAMI, FL 33172			7. Name and Address of New Registered Agent Name: Guillermo L. Martinez, Jr. Street Address (P.O. Box Number is Not Acceptable): 9615 Fontainebleau Blvd City: Miami FL Zip Code: 33172		
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: DATE: 04-27-2007					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME MARTINEZ, GUILLERMO L		<input type="checkbox"/> Delete		
STREET ADDRESS 18380 SW 85 LANE	CITY-ST-ZIP MIAMI, FL 33193		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: DATE: 04-27-2007					