

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90043 046 ***150.00

DOCUMENT # P06000068373		
1. Entity Name ALL PROPERTY CLASSIFIEDS & DIRECTORY INC.		

Principal Place of Business 417 E. SHERIDAN ST. # 129 DANIA BEACH, FL 33004	Mailing Address 417 E. SHERIDAN ST. # 129 DANIA BEACH, FL 33004
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. # 192		Suite, Apt. #, etc. # 192	
City & State		City & State	
Zip	Country	Zip	Country

	
02192008 Chg-P	CR2E034 (12/06)
4. FEI Number 20-4871300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEILLO, DOMINICK D 2975 SW 22ND AVE. 201 DELRAY BEACH, FL 33445		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

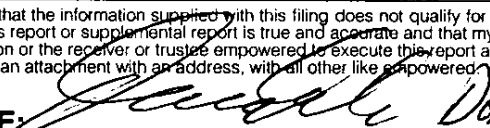
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEILLO, DOMINICK D 2975 SW 22ND AVE., 201 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **DOMINICK DEILLO** **2-19-08** **954-261-9120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #