**FILED** Apr 28, 2008 8:00 am Secretary of State 02-18-2008 90010 039 \*\*\*150.00

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DOCUMENT # P06000087876  1. Entity Name ALL REGIONS, INC.									
Principal Place of Business Mailing Address 9961 SW 118TH COURT 9961 SW 118TH COURT MIAMI, FL 33186 MIAMI, FL 33186					!	66008 Managan	136	Hada ara 1	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address \$1460 NW 107 AUE.									
Suite, Apt. A. stc. SUITE "O"  City & State City & State					42008	Chg-P	CR2E03	4 (12/06)	polied For
DORAL, FL.				•, •	El Number	<u> 20-513</u>	6177	N	ot Applicable
33.17	2 Country U.S. A	Zφ	Cauntry	5. C	Certificate of	Status Desired		8.75 Ad ee Require	
	6. Name and Address of Current )	Registered Agent	Name	7. N	A pris ema	drese of New I	Registered A	ent	
LEON, HERMES G 9961 SW 118TH COURT MIAMI, FL 33188				Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	
B. 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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signams, hold or printed range of registered agent and the floridate. (MOTE: Registered Agent agreement agents unto revisiting)  OATE									
	R NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9, Election Campa Trust Fund Cont		\$5.00 Mi Added to F					
10.	OFFICERS AND I		11.	ADO	DITIONS/CH	IANGES TO OFF			
MAME STREET ACCITESS CITY-SI-ZIP	LEON, HERMES G 9981 SW 118TH COURT MIAMI, FL 33188	☐ Delice	NAME STREET ADDRESS CITY-S1-2P					□ Change	Addition
HITLE MANUE STREET ADDRESS CHY-ST-EP		□ Oelsta	TITLE MAJNE STREET ADDRESS CLTY-ST-ZP	, <u> </u>		**************************************	[	Champa	Addition
RUTLE NAME STREET ADDRESS CITY-ST-ZEP		Outra	STITLE NUME STREET ADDRESS CITY-ST-219				(	Create	Addition
TITLE MANE - STREET ACCORESS CITY-S1-20		☐ Deleta	ITILE  ANNE STREET ADDRESS  CITY-S1-8P				(	Change	Attitos
TITLE NAME STREET ADDRESS COTY-ST-ZIP		☐ Osisia	TITLE NAME STREET ACCRESS CITY-ST-70			<u> </u>	(	Change	C) Addition
TITLE MANG SIREET ADDRESS CITY-SI-ZP		☐ Descie	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ē.	Charge	Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is supplemental report in the and accurate and that my signature shall have the same logal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee employeers to execute this report as required by Chapter 607. Rorida 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: Helled Treatment and treatment of the state of									

## ATTACHMENT

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003
HOLTSVILLE NY 11742-9003

66008136 #10600087876

002203.300802.0008.001 2 MB 0.563 1010

Date of this notice: 07-10-2006

Employer Identification Number:

20-5136177

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.



002203

ALL REGIONS INC 9961 SW 118 COURT MIAMI FL 33186

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5136177. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1,2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)