


FILED
Apr 28, 2008 8:00 am
Secretary of State

02-18-2008 90010 039 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000087876			
1. Entity Name ALL REGIONS, INC.			
Principal Place of Business 9961 SW 118TH COURT MIAMI, FL 33186		Mailing Address 9961 SW 118TH COURT MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 1460 NW 107 AVE. Suite, Apt. #, etc. SUITE "D"		3. Mailing Address Suite, Apt. #, etc. City & State DORAL, FL.	
City & State DORAL, FL.		City & State	
Zip 33172		Country U.S.A.	
4. FEI Number 20-5136177		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEON, HERMES G 9961 SW 118TH COURT MIAMI, FL 33186		7. Name and Address of New Registered Agent 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: <u>H. Leon</u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>2-15-08</u>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO LEON, HERMES G 9961 SW 118TH COURT MIAMI, FL 33186 <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: <u>H. Leon</u> SIGNATURE AND TYPED OR PRINTED NAME OF SHORING OFFICER OR DIRECTOR		DATE: <u>2-15-08</u> Daytime Phone: <u>(786) 326-1862</u>	

X



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1. The following are the names of the people who were present at the meeting:

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

We assigned you a tax classification based on information obtained 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.)