## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: X

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P06000107673** 04-23-2007 90261 026 \*\*\*150 00 ALL GENERAL SERVICES INC Principal Place of Business Mailing Address 1410 SW 82ND TERRACE 1410 SW 82ND TERRACE NORTH LAUDERDALE, FL 33068 HS NORTH LAUDERDALE, FL 33068 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 CR2E034 (12/06) Chg-P City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, JAVIER 1410 SW 82ND TERRACE Street Address (P.O. Box Number is Not Acceptable) NORTH LAUDERDALE, FL 33068 City 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 X Signature, typed or printed name of registered agent and take if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CO Delete CE0 TITLE Change ☐ Addition NAME GARCIA, JAVIER GARCIA, JAVIER NAME STREET ADDRESS 1410 SW 82ND TERRACE STREET ADDRESS 1410 SW 82nd TERRACE CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP NORTH LAUDERDALE FL 33068 VΡ TITLE **⊠** Delete TITLE Change Addition NAME GARCIA, MARIA NAME STREET ADDRESS 1410 SW 82ND TERRACE STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP MLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplierental 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 executed 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.

**FILED** 

Davime Phone 4