
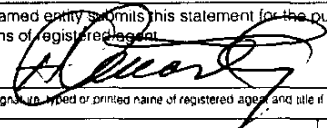
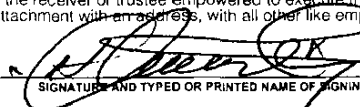


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90040 012 ***150.00

DOCUMENT # P06000141734 1. Entity Name ALL HANDYMAN WORK, CORP					
Principal Place of Business 7800 W 16 AVE HIALEAH, FL 33014		Mailing Address 7800 W 16 AVE HIALEAH, FL 33014			
2. Principal Place of Business - No P.O. Box # 1930 SW 97 Ave Suite, Apt. #, etc.		3. Mailing Address 1930 SW 97 Ave Suite, Apt. #, etc.			
City & State Miami FL Zip 33165		City & State Miami FL Zip 33165		4. FEI Number 20-3909939	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, HECTOR U 7800 W 16 AVE HIALEAH, FL 33014				7. Name and Address of New Registered Agent Name Hector U. Martinez Street Address (P.O. Box Number is Not Acceptable) 1930 SW 97 Ave City Miami FL Zip Code 33165	
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 1/23/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, 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 P NAME MARTINEZ, HECTOR U STREET ADDRESS 7800 W 16 AVE CITY-ST-ZIP HIALEAH, FL 33014	<input type="checkbox"/> Delete		TITLE P NAME Hector U. Martinez STREET ADDRESS 1930 SW 97 Ave CITY-ST-ZIP Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VP NAME Ana B. Rodriguez STREET ADDRESS 1930 SW 97 Ave CITY-ST-ZIP Miami FL 33165	<input type="checkbox"/> Change <input checked="" 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	
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	
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	
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 1/23/07 (305) 613-6214		