2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P06000150042

Entity Name: DR ALL CONSTRUCTION CORP

Current Principal Place of Business:

3900 OLDFIELD CROSSING DR.
STE 1118
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

3900 OLDFIELD CROSSING DR
STE 1118
JACKSONVILLE, FL 32223 US

Current Mailing Address:

3900 OLDFIELD CROSSING DR.
STE 1118
JACKSONVILLE, FL 32223 US

New Mailing Address:

3900 OLDFIELD CROSSING DR
STE 1118
JACKSONVILLE, FL 32223 US

FEI Number: 20-5996003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIBEIRO, DIOGO
3900 OLDFIELD CROSSING DR.
STE 1118
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RIBEIRO, DIOGO
Address: 3900 OLDFIELD CROSSING DR. STE 1118
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP ( ) Delete
Name: DE OLIVEIRA, DAVIDSON M
Address: 3900 OLDFIELD CROSSING DR. STE 1118
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: T ( ) Delete
Name: SILVA, SILVANIO S
Address: 3900 OLDFIELD CROSSING DR. STE 1118
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: DE LANA, GRIMALDO M
Address: 9801 OLD BAYMEADOWS RD APT 107
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP (X) Change ( ) Addition
Name: SILVA, SILVANIO S
Address: 8214 PRINCETON SQ BLVD APT 911
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIOGO RIBEIRO P 04/28/2009

Electronic Signature of Signing Officer or Director Date