

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000578

FILED
Jul 16, 2008
Secretary of State

Entity Name: ALL PHASE COMMUNICATION CORP

Current Principal Place of Business:

11751 SUMMER SPRINGS DR
RIVERVIEW, FL 33569

New Principal Place of Business:

11751 SUMMER SPRINGS DR
RIVERVIEW, FL 33579

Current Mailing Address:

11751 SUMMER SPRINGS DR
RIVERVIEW, FL 33569

New Mailing Address:

11751 SUMMER SPRINGS DR
RIVERVIEW, FL 33579

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVALLE, JOSE A
11751 SUMMER SPRINGS DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

OVALLE, JOSE A
11751 SUMMER SPRINGS DR
RIVERVIEW, FL 33579 US

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:

07/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OVALLE, JOSE A
Address: 11751 SUMMER SPRINGS DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: OVALLE, BARBARA D
Address: 11751 SUMMER SPRINGS DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSE A OVALLE

OFFI

07/16/2008

Electronic Signature of Signing Officer or Director

Date