2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2009
Secretary of State

DOCUMENT# P07000035898

Entity Name: ALL CITY FINANCIAL SERVICES INC.

Current Principal Place of Business:

1302 GENOA ST
CORAL GABLES, FL 33134

New Principal Place of Business:

17201 COLLINS AVE #1206
SUNNY ISLES, FL 33160

Current Mailing Address:

1302 GENOA ST
CORAL GABLES, FL 33134

New Mailing Address:

17201 COLLINS AVE #1206
SUNNY ISLES, FL 33160

FEI Number: 83-0477848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CICARELLI, LEONARDO A
1302 GENOA ST
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CICARELLI, LEONARDO A
17038 COLLINS AVE
SUNNY ISLES, FL 33160 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: LEONARDO CICARELLI 05/28/2009
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: PRES ( ) Delete
Name: CICARELLI, LEONARDO A
Address: 1302 GENOA ST
City-St-Zip: CORAL GABLES, FL 33134

Title: V.P. (X) Delete
Name: MUKHIN, VADIM
Address: 500 BAYVIEW DR #1527
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CICARELLI, LEONARDO A
Address: 17038 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160

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: LEONARDO CICARELLI PRES 05/28/2009
Electronic Signature of Signing Officer or Director Date