

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90001 033 \*\*\*150.00

<b>DOCUMENT #</b> P07000099145
<b>1. Entity Name</b>
ALL PURPOSE GENERAL SERVICE

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3099 NW 62 ST		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b>	
<b>Zip</b> 33147	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 26-0856952	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

**60044368**

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> ADRIANO DE LOS SANTOS	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3099 NW 62 ST	
<b>City</b> MIAMI	<b>Zip Code</b> 33147

**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**  **ADRIANO DE LOS SANTOS** **2/19/2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> DE LOS SANTOS, ADRIANO 3099 NW 62 ST MIAMI, FL 33147
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> REMIGIO, MELANIA 3099 NW 62 ST MIAMI, FL 33147
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **REMIGIO, MELANIA - VICE-PRESIDENT** **2/19/2008** **(786) 985-5661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**