

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006137

FILED  
Jul 23, 2009  
Secretary of State

Entity Name: ALL FLORIDA INVESTIGATIONS AND FORENSIC SERVICES INC.

**Current Principal Place of Business:**

420 N HALIFAX AVE., SUITE 3  
DAYTONA BCH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

420 N HALIFAX AVE., SUITE 3  
DAYTONA BCH, FL 32118

**New Mailing Address:**

FEI Number: 36-4625002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
SUITE 4  
WESTON, FL 33331 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: PVST ( ) Delete  
Name: GASPAR, JOHN MICAHEL  
Address: PO BOX 1707  
City-St-Zip: ORMOND BCH, FL 321751707

Title: D ( ) Delete  
Name: GASPAR, JOHN MICAHEL  
Address: PO BOX 1707  
City-St-Zip: ORMOND BCH, FL 321751707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: GASPAR, JOHN MICAHEL  
Address: 163 OCEAN TERRACE  
City-St-Zip: ORMOND BCH, FL 32176

Title: D (X) Change ( ) Addition  
Name: GASPAR, JOHN MICAHEL  
Address: 163- OCEAN TERRACE  
City-St-Zip: ORMOND BCH, FL 32176

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: JOHN M GASPAR

PRES

07/23/2009

Electronic Signature of Signing Officer or Director

Date

# Attachment

The Maltese CPA Firm, PLLC  
Certified Public Accountants and Valuation Consultants

P08-6137  
File date 7/28/09

November 12, 2009

Florida Dept. of State  
Division of Corporations  
Att: Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

Re: All Florida Investigations and Forensic Services Inc.  
Document #: P08000006137

Dear Tax Dept. Representative:

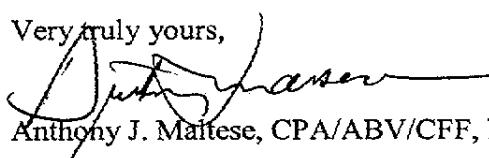
This is in reference to the reinstatement fee charged to the company as stated above due to the non-filing of its initial annual report.

Please be advised that the company did not receive proper notice of the requirement for annual filing. The company had moved from the address originally provided to the State due to financial difficulties and therefore did not receive its mail timely. Accordingly, by the time the company's mail was forwarded or retrieved it was after the filing deadline. Since this is the first company owned by the individual in the State of Florida, he was not aware of the annual filing requirement. Based on the aforementioned, it is hereby contended that the company had reasonable cause for the original non-filing and it is requested that the reinstatement fee of \$600 be waived.

The refund can be issued in the name of the corporation and mailed to the following address:

163 Ocean Terrace  
Ormond Beach, FL 32176

Very truly yours,

  
Anthony J. Maltese, CPA/ABV/CFF, DABFA, Cr.FA