7/31/2008-90043-046-\$150.00-\$150.00

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam ALL AME	L AMERICAN SEMICONDUCTOR, INC.			2008 OCT -3 PM 3: 38  4 103 MELAHASSEE, FLORIDA			
Principal Plac 16115 NW 5 MIAMI, FL 3	S2ND AVE.	Mailing Address 3790 NORTH 28TH TERRACE HOLLYWOOD, FL 33020 U	S ·	<b>4</b> (0°	PINANIANA Tanànananananananananananananananananana	SSEE. FL	RIĐA IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
D	O NOT WRITE	CE	07082008		CR2E034 (11)	Applied For	
			 - <del>-</del>	59-28 <sup>4</sup> 5. Certificate	of Status Desired		Not Applicable Additional
Fee Required  5. Name and Address of Current Registered Agent							
WELT, KENNETH A OFFICER 3790 NORTH 28TH TERRACE HOLLYWOOD, FL 33020			DO NOT WRITE IN THIS SPACE				
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 Signature, hood or pretad name of registered agent and ste of applicable. (HOTE: Registered Apent signature requised when relinateding). DATE							
	LE NOWIII FEE IS \$550.00 ue by September 12, 2008		.00 May Be led to Fees				
10.	OFFICERS AND DIR	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	WELT, KENNETH 3790 NORTH 28TH TERRACE HOILLYWOOD, FL 33020	100136590551 10/07/0801016005 ***480.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME +STREET ADDRESS CITY-ST-ZP			_	DO	NOT W	RITE	
HAME STREET ADDRESS CITY-S1-ZIP				IN '	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,				
TITLE NAME STREET ADDRESS CITY-ST-ZP							
12. I hereby certlly that the information supplied with this filting does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; that I am an officer or diffector 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 Block 11 if changed, or on an attachment with all address, with all other like empowered.  SIGNATURE:  **Connect Total Connect Total Connec							
SIGNATURE: SIGNATURE: SIGNAGURE AND TYPED OR PRINTED HAVE OF RIGHING OFFICER OR DIRECTOR DEED TO DRIVE Phone of DRIVEN Phone of Phone of DRIVEN Phone of P							