2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 07, 2008 8:00 am Secretary of State **DOCUMENT # P92000002084** 05-07-2008 90105 023 ***150.00 ALL POINTS REALTY & INVESTMENTS INC. Principal Place of Business Mailing Address 6645 PEMBROKE ROAD 6645 PEMBROKE ROAD PEMBROKE PINES, FL 33023 PEMBROKE PINES, FL 33023 US 2. Principal Place of Business - No P.O. Box 800 NW 24 BUE 8800 XW 05052008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number mi GravoGus TOROGNS 65-0367985 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRICK-SAMUELS SAMUELS, PATRICK Street Address (P.O. Box Number is Not Acceptable) 6465 PEMBROKE RD. MIAMI, FL 33023 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE TITLE ☐ Delete SAMUELS, PATRICK 8800 NW 24 ANE #115 NAME NAME 6645 PEMBROKE RD. STREET ADDRESS STREET ADDRESS 1 mi Gordens, Fe 33/69 PEMBROKE PINES, FL 33023 CITY-ST-ZIP CITY-ST-ZIP SAMUEL DECHANGE TITLE ☐ Delete TITLE DWIGHT 18800 NW gid DUE #115 MIAMI GAVOENS, FL 33, SAMUELS, DWIGHT NAME NAME STREET ADDRESS 6645 PEMBROKE RD. STREET ADDRESS HOLLYWOOD, FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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 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 Block 11 if changed, or on an attachine with an addition, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

18800 NW 2 AVENUE SUITE # 115 MIAMI GARDENS, FL 33169 PH. (305) 654-9770 /FAX (305) 654-9772 40098578 #1892000002084 \$\frac{1}{3}\08 TO: FLOVIDA Departments State. Please Note Hart I Charged ung Office Location and had difficulty With Some of my MAIL And Myke my Notice WAS NOT RECEIVed for Host Repron. I Hole Hand you Accept my Lost Filing with out Pounty. Thouse you Patrick Sammund

ALL POINTS REALTY & INVESTMENTS, INC.