

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002940

Entity Name: ALL COUNTY TEXTURES, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

6631 FALCONS GATE AVE.  
DAVIE, FL 33331

## New Principal Place of Business:

## Current Mailing Address:

6631 FALCONS GATE AVE.  
DAVIE, FL 33331

## New Mailing Address:

FEI Number: 65-0370392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARRERO, MAX  
6631 FALCONS GATE AVENUE  
DAVIE, 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: D (X) Delete  
Name: WILLIAMSON, PHILLIPO  
Address: 5300 HAWKSHURST AVE  
City-St-Zip: FT LAUDERDALE, FL 33331

Title: D ( ) Delete  
Name: MARRERO, MAXIMINO  
Address: 6631 FALCONSGATE AVE.  
City-St-Zip: DAVIE, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAXIMINO MARRERO

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date