

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000050463

Entity Name: ALL OXYGEN REFILLS, INC.

FILED  
Apr 02, 2011  
Secretary of State

**Current Principal Place of Business:**

8308 NW SOUTH RIVER DR.  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8308 NW SOUTH RIVER DR.  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 65-0432003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUMMINGS, MONICA  
8308 N.W. SOUTH RIVER DR.  
MIAMI, FL 33166 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CUMMINGS, MONICA  
Address: 8308 NW SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: MONICA CUMMINGS

P

04/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date