

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000065502

1. Entity Name  
ALL AMERICAN WORLD SUPPLY COMPANY



Principal Place of Business  
12920 SW 122 AVE.  
MIAMI, FL 33186

Mailing Address  
PO BOX 163205  
MIAMI, FL 33116-3205



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0433352

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WITLIN, BARRY E  
2800 BISCAYNE BLVD.  
STE. 900  
MIAMI, FL 33137

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

UN00000214560  
02/04/05-80009-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GUIDO, FRANK  
STREET ADDRESS 901 TIMBER LANE  
CITY-ST-ZIP LAKE FOREST, IL

TITLE P  
NAME MOURIN, DIANE  
STREET ADDRESS 9820 SW 120TH STREET  
CITY-ST-ZIP MIAMI, FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 3052557823  
Date Daytime Phone #