

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000089872**

1. Entity Name  
**ALWAYS MOVING, INC.**



Principal Place of Business  
**1030 NE 202 TER.  
NO. MIAMI, FL 33179 US**

Mailing Address  
**1030 NE 202 TER.  
NO. MIAMI, FL 33179 US**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0538171</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

**DO NOT WRITE IN THIS SPACE**

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

**JACOME, CECILE  
1030 NE 202 TERRACE  
NO. MIAMI, FL 33179**

**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 reselecting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOME, CECILE 1030 NE 202 TERRACE NO. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOME, FRANKLIN B 1030 NE 202 TERRACE NO. MIAMI, FL
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U00000522106  
05/03/06-80019-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CECILE JACOME**

**4/14/06**

**3056509080**

DATE

DAYTIME PHONE #