

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052440

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: ALL OVER IMPORT & EXPORT INC.

**Current Principal Place of Business:**

71 NW 71ST ST.  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

71 NW 71ST ST.  
MIAMI, FL 33150

**New Mailing Address:**

FEI Number: 65-0597144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SOSA, RAFAEL  
71 NW 71ST. ST.  
MIAMI, FL 33150 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: PVT ( ) Delete  
Name: SOSA, RAFAEL  
Address: 231 SW 116 AV 19-108  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete  
Name: SAN SEGUNDO, OMAIRA  
Address: 231 SW 116 AV. # 19-108  
City-St-Zip: PEMBROKE PINES, FL 33025

**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: RAFAEL SOSA

PVT

04/16/2009

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

\_\_\_\_\_  
Date