## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000074426

1. Entity Name

ALL AMERICAN BADGE COMPANY, INC.



US

FILED Mar 19, 2007 08:00 A Secretary of State

Principal Place of Büsiness

Mailing Address

9650 SW 16TH CT

HOLLYWOOD, FL 33025 --- US

9650 SW 16TH CT

PEMBROKE PINES, FL 33025

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0614234

03082007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TADDEO, PATRICIA P 9650 S.W. 16TH COURT PEMBROKE PINES, FL 33025

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PEMBRORE FINES, PE 33023			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and title	e if applicable, (NOTE, Registere	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE 1 NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  DP. TADDEO, PATRICIA P 9650 S.W. 16TH COURT PEMBROKE PINES, FL 33025			,	
TITLE NAME STREET AODRESS CITY-ST-ZIP	ST TADDEO, ANTHONY R 9650 S.W. 16TH COURT PEMBROKE PINES, FL 33025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TADDEO, FRANK A 9650 S.W. 16TH COURT PEMBROKE PINES, FL 33025			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE					•

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 of the receiver of trustee empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

3/9/0

7-32-50-0