## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

ANNUAL R	Secretary of State DIVISION OF CORPORATIONS						
OCUMEN Corporation Name	NT # P9500	00089490	(3)				
ALL FLORI	IDA BINDERY, INC.					I MARIAN HAN AND AND AND AND AND AND AND AND AND A	
noinal Place of Bus	siness	Mailing Address					
	ncipal Place of Business  5740 RODMAN STREET  BAY F  BAY F						
BAY E HOLLYWOOD FL 33020  Principal Place of Business		BAY E HOLLYWOOD FL 33020				Date Incorporated or Qualified     11/20/1995     3a. Date of Last Report	
						4. FEI Number Applied For Not	
		26   Suite, Apt. #, et				5. Certificate of Status Desired	
Suite, Apt. #, etc City & State		27 City & State					
						To st Fund Contribution Added to Fees	
Only & Diana		28		Country		This corporation has liability for intangible tax under s. 199.032,	
Zip	Country	Zip <b>29</b>	30	,		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
1	25     Name and Address of Curr					10. Name and Address of New Registered Agent	
<u> </u>	Name and the second	.,		81	Name		
BARR, EU	NICE			82 Street Addr		ddress (P.O. Box Number is Not Acceptable)	
11521 NW	27TH COURT			83			
PLANTATI	PLANTATION FL 33323			63		85 Z <sub>I</sub> p Code	
				84	City	prporation submits this statement for the purpose of changing its registered office board of directors. Thereby accept the appointment as registered agent. Lam.	
familiar with, a	and accept the obligations of, S	gertiant tile inapplicable	N.:IE Requ		of signature re	Date Description (Date Description)	
12.		AND DIRECTORS		1.11/10		TRUSTE DAVIDE	
TITLE	PD BARR, GEORGE		1	1.2 NAMI	: }	ADDITIONS CHANGES TO OFFICERS AND DIFFERENCE PANDING Change Addition VAS, GRANVIlle Perrace  4314 NW 41 Perrace  4314 NW 41 Perrace  4319 Change Addition	
NAME	11521 NW 27TH COUR	T	1	13 STRE	ET ADDRESS	4814, NW 7. 3 bridg 22219	
STREET ADDRESS	PLANTATION FL 33323			1.4 CITY	· ST- ZIP	Land Lakes, 7/81/44 333/ Change Addition	
CHY-ST ZIP	VD	DEL	ETE	2 t filt	Ł		
TITLE NAME	BARR, EUNICE		1	2 2 NAM			
STREET ADDRESS	11521 NW 27TH COUF	T .	1		ST ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33323			24 C/T) 3 1 T/T	- ST - ZIP	Change Adduke	
TITLE		DEI	. C. I C	3 2 NAN			
NAME					ne Heet address	s	
STREET ADDRESS					Y - ST - ZIP		
CITY - ST - ZIP		[] DE	I FTE	4 1 11		Change Additi	
TITLE		_ 0.		4 2 NA			
NAME					REET ADDRESS	s	
STREET ADDRESS					TY - ST - ZIP	Change Addit	
CITY-ST-ZIP			LETE	5 1 11	TLE		
TITLE				5 2 N	ME.		
NAME				535	REET ADDRESS	is	
STREET ADDRESS			., ., .,	540	TY - ST - ZIP	Change Add	
CITY-ST-ZIP		D	ELETE	6 1 T	ITLE		
TITLE				62%	AME		

64 CITY-ST-ZIP

14. It do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on true africular report or supplemental arrural report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on true africal report or supplemental arrural report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 changed, or en an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR