

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000002884 1. Entity Name ALL FRONTIERS CORPORATION	
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Principal Place of Business 9805 NW 52 STREET STE 419 MIAMI FL 33178	Mailing Address 9805 NW 52 STREET STE 419 MIAMI FL 33178
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 65-0692592	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, ROBERTO C 9805 NW 52 STREET SUITE 419 MIAMI FL 33178

7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code

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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: VPTD NAME: LOPEZ, JORGE I STREET ADDRESS: 1581 BRICKELL AVE /APT N 208 CITY- ST- ZIP: MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE: PS NAME: LOPEZ, ROBERTO C STREET ADDRESS: 9805 NW 52 STREET STE 419 CITY- ST- ZIP: MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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02/20/07-80035-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roberto C. Lopez Roberto C. Lopez, President 1/7/07 (305) 6392795
 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #