# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2009**
**Secretary of State**

DOCUMENT# P96000005528

**Entity Name:** ALLES OF FLORIDA, INC.

**Current Principal Place of Business:**

7955 W 20 AVE
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4277
HIALEAH, FL 330140277 US

**New Mailing Address:**

**FEI Number: 65-0643718** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BERMAN, JOSHUA
3164 PEACHTREE CIR
DAVIE, FL 33328 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: PTD ( ) Delete
Name: BERMAN, JOSHUA D
Address: 3164 PEACHTREE CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: SD ( ) Delete
Name: BERMAN, MARTIN G
Address: 9000 SW 55 CT
City-St-Zip: COOPER CITY, FL 33328

Title: CEO ( ) Delete
Name: BERMAN, ROBIN
Address: 3164 PEACHTREE CIRCLE
City-St-Zip: DAVIE, FL 33328 US

Title: TR ( ) Delete
Name: BERMAN, MARTIN G
Address: 9000 SW 55 CT
City-St-Zip: COOPER CITY, FL 33328 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSHUA BERMAN PTD 03/24/2009

Electronic Signature of Signing Officer or Director Date