

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P96000011076

1. Entity Name
ALL SIMPSON SIGN, INC.



Principal Place of Business
10323 N.W. 28TH AVENUE
MIAMI, FL 33147

Mailing Address
10323 N.W. 28TH AVENUE
MIAMI, FL 33147



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0645196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, CONSUELO D
10323 N.W. 28TH AVE.
MIAMI, FL 33147

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000669453
03/27/07-80071-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIMPSON, CONSUELO D 10323 N.W. 28TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, GUILLERMO 10323 N.W. 28TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALONSO, JOSE RAMON 10323 N.W. 28TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 with an address, with all other like empowered.

SIGNATURE: Consuelo D. Simpson (PTD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-07 (305) 687-5008