

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000035484

1. Entity Name
ALL SEALIFE, INC.



Principal Place of Business
**3140 PEMBROKE ROAD #601
PEMBROKE PARK, FL 33009**

Mailing Address
**7435 TWIN SABLE DRIVE
MIAMI LAKES, FL 33014**



04292008 No Chg-P CR2E034 (11/05)

4. FCI Number
05-0750001 Applied to:
Not Applicable

5. Certificate of Status Desired ☐ **\$6.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLEY, SUSAN
7435 TWIN SABLE DRIVE
MIAMI LAKES, FL 33014**

**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 renaming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARLEY, SUSAN
STREET ADDRESS	7435 TWIN SABLE DRIVE
CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/29/08-80094-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Carley **Susan Carley** 4/28/08 954-987-9269

Daytime Phone #