## 2005 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042429  ALLS REPAIRS & INVESTMENT, CORP.  O6 JAH 30 AM ID: 24  SECT. ALL STATE  MARIN PASSES  1813 SW. 67TH AVE  1814 SW. 67TH AVE  1815 SW. 67TH AV					<del></del>								
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Suite, Apr. 4, wide    City & State   City & City & State   City &	1613 S.W. 67T	TH AVE		1613 S.W. 67TH AVE					SECHLIA TATE TALLAHASSEE, FLORIDA				
Exposition	2. Principal Pl	lace of Busin	ess	3. Mailing Address				-					
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Country   Country   S. Certificate of Status Desired   Sant Auditional Fee Required   Sant	City & State	e		City & State					Applied For				7
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Street Address (PC. Box Number is Not Acceptable)	Zip Country			Zip : C			Ountry			F F	ee Required		
10710 S.W. 87TH TERRACE  MIAMI FL 33173  City FL Zip Code  8. The above named entry 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, loved or private rame of implaseed agent and 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent with a proposed agent with a proposed agent with a proposed agent ag		6. Name	and Address of Current	Registered	Agent		Name		7. Name and Address of New F	Registered Ag	jent		-
City   FL   Zip Code	10710 S.V	N: 67TH TE	RRACE	-			Street Addre	ess (P.	O. Box Number is Not Acceptable	9)	- Voien -		    -
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 Plorida. I am familiar with, and accept the obligations of registered agent.    Signature   Equation typed or printed owne of registered agent and that if applicable.   NOTE fregistered Agent or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the specific of the State of Plorida agent and the specific of the Addition of Plorida agent agent and the specific of the Addition of Plorida agent agen	WIAWI FL	33173	·				City				Zip Code		-
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The May 1, 200 Fee will be \$550.00  Added to Fees  To. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PSTD   PSTD   PCYSSO   THE TERRACE   THE MAME   PSTD   PCYSSO   PSTEET ADDRESS   PSTEET	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applic	cable. (NOT	E: Registere	d Agent signature re	quired w	vhen reinstating)	DATE		<del></del>	
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Daytime Phone #