



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90418 026 \*\*\*158.75

<b>DOCUMENT # P97000072179</b>					
<b>1. Entity Name</b> ALL-AMERICAN CONSTRUCTION SUPPORT SERVICES, INC.					
<b>Principal Place of Business</b> 1557 SW 141 AVENUE MIAMI, FL 33184			<b>Mailing Address</b> 1557 SW 141 AVENUE MIAMI, FL 33184		
<b>2. Principal Place of Business</b> 782 NW 42 AVE Suite, Apt. #, etc. 640 City & State MIAMI, FL Zip 33126 Country MIAMI-DADE		<b>3. Mailing Address</b> 782 NW 42 AVE Suite, Apt. #, etc. 640 City & State MIAMI, FL Zip 33126 Country MIAMI-DADE			
04162004 Chg-P CR2E034 (10/03)				<b>4. FEI Number</b> 65-0777493	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> OCANA, MIGUEL 1557 SW 141 AVENUE MIAMI, FL 33184			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 782 NW 42 AVE # 640 City MIAMI FL Zip Code 33126		
<b>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.</b> SIGNATURE <u>MIGUEL OCANA</u> DATE <u>4/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE _____ NAME OCANA, MIGUEL <input type="checkbox"/> Delete STREET ADDRESS 1557 SW 141 AVENUE CITY-ST-ZIP MIAMI, FL 33184	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ NAME _____ STREET ADDRESS 782 NW 42 AVE # 640 CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		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"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>MIGUEL OCANA</u>			4/16/04 305.461-0603		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		