
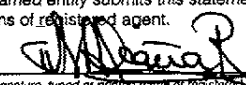



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000072179</b> 1. Entity Name <b>ALL-AMERICAN CONSTRUCTION SUPPORT SERVICES, INC.</b>														
Principal Place of Business <b>782 NW 42 AVE. STE. 640 MIAMI, FL 33126</b>	Mailing Address <b>782 NW 42 AVE. STE. 640 MIAMI, FL 33126</b>													
<b>DO NOT WRITE IN THIS SPACE</b>														
6. Name and Address of Current Registered Agent  <b>OCANA, MIGUEL 782 NW 42 AVE. STE. 640 MIAMI, FL 33126</b>		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE: <b>JAN 4, 2007</b>														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><b>PST OCANA, MIGUEL 782 NW 42 AVE., STE. 640 MIAMI, FL 33126</b></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST OCANA, MIGUEL 782 NW 42 AVE., STE. 640 MIAMI, FL 33126</b>	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>U00000580249 01/10/07-80039-008 158.75</b>  <b>DO NOT WRITE IN THIS SPACE</b>
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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:  <b>JAN 4, 2007 (305) 461-0603</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #														



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0777493</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	