


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # P98000014008</b>				<b>Secretary of State</b>	
1. Entity Name <b>ALL HOME ENTERPRISE, INC.</b>				04-30-2007 90444 034 ***158.75	
Principal Place of Business <b>18793 SW 108 AVENUE MIAMI, FL 33157</b>		Mailing Address <b>18793 SW 108 AVENUE MIAMI, FL 33157</b>			
2. Principal Place of Business - No P.O. Box # <b>10871 SW 188 St</b>		3. Mailing Address <b>18521 SW 92 Ave</b>			
Suite, Apt. #, etc. <b>Bay 23</b>		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-0811676</b>	
Zip <b>33157</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JAMES, ROBB C 18793 SW 108 AVENUE MIAMI, FL 33157</b>				7. Name and Address of New Registered Agent Name <b>James, Robb C</b> Street Address (P.O. Box Number is Not Acceptable) <b>18521 SW 92 Ave</b> City <b>Miami</b> FL Zip Code <b>33157</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 <u>James, Robb C</u> x <u>[Signature]</u> 04/25/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBB, JAMES C 18521 SW 92 AVENUE MIAMI, FL 33157</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: x <u>[Signature]</u> <b>James C. Robb</b> 04/25/2007 305-216-5193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					