


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90224 042 ***150.00

DOCUMENT # P98000105214

1. Entity Name
ALL AMERICAN ACCOUNTING SERVICES, INC.



Principal Place of Business Mailing Address
7871 NW 23 STREET **7871 NW 23 STREET**
MARGATE, FL 33063 US **MARGATE, FL 33063 US**

50052263



2. Principal Place of Business 3. Mailing Address
2212 SE 27 Dr **2212 SE 27 Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05052005 Chg-P CR2E034 (10/03)

City & State City & State
HOMESTEAD FL **HOMESTEAD FL**
 Zip Country Zip Country
33035 USA **33035 USA**

4. FEI Number Applied For
65-0881435 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SILBERGLEIR, ADRIENNE 7871 NW 23 STREET MARGATE, FL 33063		Name SILBERGLEIR, ADRIENNE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELBERGLOIT, ADRIENNE 7871 NW 23 STREET MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILBERGLEIR, ADRIENNE 2212 SE 27 Dr HOMESTEAD FL 33035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Adrienne Silbergloit Date: 5/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #