FILED Apr 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

DOCUMENT # P9900001454 1. Enbity Name ALL SIGNS ARE POSSIBLE, INC.							. 04-2	28-2003 9149	1 033 ***1	150.00		
Principal Place of Bosiness Malling Address % 7000 BONITA DRIVE % 7000 BONITA DRIVE MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141									88151 ((811 B1S	 2 1111 2 121 126	ii	
4302 Suite, Apt	2ND AVE	ent a	Æ	СНЕС	K HERE IF MAKIN							
WII & Sta		T L	City & State WIAM I- T			4. F	4. FEI Number 65-0889570			Applied For Not Applicable		
33°137 Country			^z 33137	37 ^{Count}		5. Certificate of Status		Desired \$8.75 Addition Fee Required_		ditional		
7000 BONE	RI, PAULO C		nt Hegistered Agent		Name 2 (0016	HER)	PAULO	d Agent		-	
	,				4302	2 N	E 2ND	AUE	Zip.co	*137	1	
	named entity		for the purpose of changing its	register	red office or reg	istered age	ent, or both, in the S		<u> </u>	, and accept	1	
SIGNATURE		aye beinsigs of registered age	nt and title if wordicable. (NOT	F: Rouis nre	ad Agentsignatum mi	carinest when rein	estation)	DATE				
Afte	FILE NOW!! r May 1, 200	I FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	3	·	-		9. Election Cam Trust Fund C	paign Financing	\$5.0	00 May Be d to Fees		
10.	BOTH (OFFICERS AN		11.		ADC	ITIONS/CHANGES	TO OFFICERS AN			1	
NAME STREET ADDRESS CITY-ST-2IP	7000 BONI	RI, PAULO C TA DRIVE .CH, FL 33141	Delete	Ø	I				∐ Change	Addition	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 BONI	RI, PAULO C TA DRIVE CH, FL 33141	□ Delete .	a a	I	,		•	☐ Change	☐ Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete	I TITLU NAM STRE	E		and the same and t		☐ Change	Addition.	-	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	2	l l				☐ Change	☐ Addition		
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 of 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 attrichment with a address, with all other like empowered. SIGNATURE:												
SIGNAL	UKE: _		PRINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR) Oate	. مع	Caylime Phone #	MA		