

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052303

FILED
Apr 09, 2007
Secretary of State

Entity Name: ALL-WRITE COURT REPORTING, INC.

Current Principal Place of Business:

1 SE THIRD AVENUE
SUITE 1250
MIAMI, FL 33131

New Principal Place of Business:

New Mailing Address:

15650 BULL RUN ROAD
502J
MIAMI LAKES, FL 33014

Current Mailing Address:

18642 BOB-O-LINK DRIVE
MIAMI, FL 33015

FEI Number: 65-0934897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, JACQUELINE
18642 BOB-O-LINK DRIVE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ALVAREZ, JACQUELINE
15650 BULL RUN ROAD
502J
MIAMI LAKES, FL 33014 US

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.

SIGNATURE:

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, JACQUELINE
Address: 18642 BOB-O-LINK DRIVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALVAREZ, JACQUELINE
Address: 15650 BULL RUN ROAD, 502J
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE ALVAREZ

D

04/09/2007

Electronic Signature of Signing Officer or Director

Date