


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90085 020 ***150.00

DOCUMENT # P99000053246	
1. Entity Name ALL PRO SEPTIC & SEWER, INC.	

Principal Place of Business 2700 N.W. 27TH AVE. MIAMI, FL 33142	Mailing Address 2700 N.W. 27TH AVE. MIAMI, FL 33142
-----------------------------------------------------------------------	-----------------------------------------------------------

50008581



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0926736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TEIXEIRA, BARRY G 1531 N.W. 26TH AVE. MIAMI, FL 33125	DO NOT WRITE IN THIS SPACE
--------------------------------------------------------------------------------------------------------------------	---------------------------------------

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.

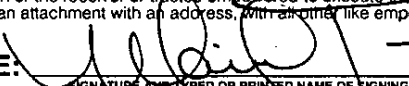
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEIXEIRA, BARRY G 1531 N.W. 26TH AVE. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEIXEIRA, MARIANELA C 1531 N.W. 26TH AVE. MIAMI, FL 33125
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	

**DO NOT WRITE
IN THIS SPACE**

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 a name like empowered.

SIGNATURE:  **Mariana Teixeira** 1/21/05 305/635-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #