2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000053246

1. Entity Name

ALL PRO SEPTIC & SEWER, INC.



FILED
May 01, 2006 08:00 A!
Secretary of State

Fee Required

Principal Place of Business

2700 N.W. 27TH AVE. MIAMI, FL 33142 Mailing Address

2700 N.W. 27TH AVE. MIAMI, FL 33142



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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$3.75 Additional

6. Name and Address of Current Registered Agent

TEIXEIRA, BARRY G 1531 N.W. 26TH AVE. MIAMI, FL 33125

SIGNATURE:

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.										
the obligations of registered agent. 4-28-06										
SIGNATURE.	Signature, lyged or printed name of registered agent and title it	Familicable INCITE Registered	Ament eignshus	ranijirad when reinetoting)	DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	ing 🗆	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TEIXEIRA, BARRY G 1531 N.W. 26TH AVE. MIAMI, FL 33125									
TITLE NAME STREET ADDRESS CITY-SY-ZIP	VD TEIXEIRA, MARIANELA C 1531 N.W. 26TH AVE. MIAMI, FL 33125				000000552281 05/15/06-80006-001 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
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 cath; 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.										