

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90243 031 ***150.00

DOCUMENT # P99000069246

1. Entity Name
ALLES HOLDINGS, INC.



Principal Place of Business
**7955 W 20 AVE
HIALEAH, FL 33014**

Mailing Address
**PO BOX 4277
HIALEAH, FL 33014-0277**

54030370



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0949195

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BERMAN, MARTIN
1857 NW 127 AVNUE
HOLLYWOOD, FL 33028**

Name **Martin Berman**

Street Address (P.O. Box Number is Not Acceptable)

9000 SW 55 Court

City **Cooper City**

FL

Zip Code **33328**

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 **Martin Berman**

2/03/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BERMAN, MARTIN**
STREET ADDRESS **7955 W 20 AVE**
CITY-ST-ZIP **HIALEAH, FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BERMAN, ROBERT**
STREET ADDRESS **7955 W 20 AVE**
CITY-ST-ZIP **MIAMI LAKES, FL 33015**

TITLE **Robert Berman** ☒ Change ☐ Addition
NAME **7955 w 20 Ave**
STREET ADDRESS **Hialeah FL 33014**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BERMAN, SYLVIA**
STREET ADDRESS **7955 W 20 AVE**
CITY-ST-ZIP **HIALEAH, FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Martin Berman**

2/03/04

305-821-1570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #