

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90020 017 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # S90224**

1. Entity Name  
**ALL AMERICAN CONTAINERS, INC.**



Principal Place of Business  
**9330 NW 110TH AVE  
MIAMI, FL 33178 US**

Mailing Address  
**9330 NW 110TH AVE  
MIAMI, FL 33178 US**

**54061384**



06222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0293375**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CARROLL & ASSOCIATES  
1260 SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVENUE  
MIAMI, FL 33131-1714**

**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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<i>D. and president</i>
NAME	<b>DIAZ-OLIVER, REMEDIOS</b>
STREET ADDRESS	<b>10000 S.W. 30TH ST.</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	<b>CEO</b>
NAME	<b>FAUSTO J DIAZ-OLIVER</b>
STREET ADDRESS	<b>10000 SW 30TH ST</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	<b>S</b>
NAME	<b>DIAZ, ROSA M</b>
STREET ADDRESS	<b>10000 SW 30TH ST</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE	<b>T</b>
NAME	<b>FAUSTO G DIAZ</b>
STREET ADDRESS	<b>10000 SW 30TH ST</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>
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 all other like empowered.

**SIGNATURE:** *Remedios Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/30/04*

Date

*305-887-0797*

Daytime Phone #