

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000329674
04/25/05-80125-022 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DIAZ-OLIVER, REMEDIOS
10000 S.W. 30TH ST.
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
FAUSTO J DIAZ-OLIVER
10000 SW 30TH ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DIAZ, ROSA M
10000 SW 30TH ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
FAUSTO G DIAZ
10000 SW 30TH ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: _____

Fausto G. Diaz

4/21/05 305-887-0797