

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0293375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000789696

01/23/08-80003-022 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ-OLIVER, REMEDIOS 9330 NW 110TH AVE MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FAUSTO J DIAZ-OLIVER 9330 NW 110TH AVE MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, ROSA M 9330 NW 110TH AVE MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAUSTO G DIAZ 9330 NW 110TH AVE MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #