

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90075 043 ***150.00

DOCUMENT # V08370

1. Entity Name

ALL AMERICAN UNIVERSAL, INC.



Principal Place of Business

5925 RAVENSWOOD RD, BLDG D BAY 1
DANIA FL 33312
US

Mailing Address

5925 RAVENSWOOD RD, BLDG D BAY 1
DANIA FL 33312
US

2. Principal Place of Business

2710 Sheridan Street
Suite, Apt. #, etc.

3. Mailing Address

639 NW 132 Terr-
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hollywood FL

City & State

Plantation FL

4. FEI Number

65-0307708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUST, RENEE
5925 RAVENSWOOD RD, BLD D-1
DANIA FL 33312

7. Name and Address of New Registered Agent

Urbina-Lust, Renee
Street Address (P.O. Box Number is Not Acceptable)
2710 Sheridan Street
City Hollywood FL Zip Code 33020

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

3.30.04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LUST, RENEE
STREET ADDRESS 5925 RAVENSWOOD RD., BLD D-1
CITY-ST-ZIP DANIA FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Urbina-Lust, Renee
STREET ADDRESS 2710 Sheridan Street
CITY-ST-ZIP Hollywood, FL 33020

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.30.04 (954) 236-0537
Date Daytime Phone #