2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) FILED Mar 13, 2008 08:00 A Secretary of State DOCUMENT # V08370 1. Entity Name ALL AMERICAN UNIVERSAL, INC. Principal Place of Business Mailing Address 639 NW 132 TERRACE FORT LAUDERDALE FL 33325 2710 SHERIDAN STREET HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0307708 Not Applicable Zip Country Žιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name URBINA LUST, RENEE Street Address (P.O. Box Number is Not Acceptable) 2710 SHERIDAN STREET HOLLYWOOD FL 33020 City Zip Code 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 crimted harvi of rog stored agent and she if applicable, (INDIE Registreed Approl signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition URBINA-LUST, RENEE NAME NAME U00000857287 STREET ADDRESS 2710 SHERIDAN STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP 03/31/08-80007-013 150.00 TITLE ☐ Delete TITLE Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Darete TITLE ☐ Change Addition NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11111 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-SY-ZIP CITY-ST-7IF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE: Renee Urbing-Lust W 3/1/08 (954) 926-556