

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033563

**FILED**  
**Mar 28, 2007**  
**Secretary of State**

**Entity Name:** ALL MY SONS MOVING & STORAGE OF TAMPA, INC.

**Current Principal Place of Business:**

472 HOLIDAY DRIVE  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

472 HOLIDAY DRIVE  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

FEI Number: 54-2104461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERSON, BETTY  
472 HOLIDAY DRIVE  
HALLANDALE BEACH, FL 33009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PETERSON, BETTY  
Address: 472 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP ( ) Delete  
Name: ALAIMO, ROSARIO  
Address: 100 GOLDEN ISLES DRIVE APT 110  
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Change (X) Addition  
Name: MATTHEW, HOYOS S  
Address: 472 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY PETERSON

PD

03/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date