


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F17131**

1. Entity Name  
**ALL STAR ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

12060 N.W. SOUTH RIVER DRIVE      12060 N.W. SOUTH RIVER DRIVE  
 MEDLEY, FL 33178                      MEDLEY, FL 33178

**DO NOT WRITE IN THIS SPACE**



04292005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

59-2052879      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, ALEJANDRO A  
 12060 N.W. SOUTH RIVER DRIVE  
 MEDLEY, FL 33178

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ACOSTA, ALEJANDRO A
STREET ADDRESS	12060 NW SOUTH DRIVE DR
CITY-ST-ZIP	MEDLEY, FL
TITLE	STD
NAME	ELORTEGUI, MARTA
STREET ADDRESS	12060 NW S RIVER DR
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	D
NAME	MONTES, CARLOS
STREET ADDRESS	12060 N.W. SOUTH RIVER DRIVE
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000364459  
 05/06/05-80045-005 150.00

U00000364458  
 05/06/05-80045-005 400.00

**DO NOT WRITE 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: \_\_\_\_\_ **ALEJANDRO ACOSTA**      Date: **4/08/05**      Daytime Phone #: **(305) 888-1712**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR