


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # F17131<br>1. Entity Name<br>ALL STAR ENTERPRISES, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>12060 N.W. SOUTH RIVER DRIVE<br>MEDLEY, FL 33178 | Mailing Address<br>12060 N.W. SOUTH RIVER DRIVE<br>MEDLEY, FL 33178 |
|---|---|

**DO NOT WRITE IN THIS SPACE**

01052008 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2052879                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

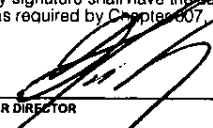
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ACOSTA, ALEJANDRO A<br>12060 NW SOUTH DRIVE DR<br>MEDLEY, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ELORTEGUI, MARTA<br>12060 NW SOUTH RIVER DR<br>MIAMI, FL 33178     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MONTES, CARLOS<br>12060 N.W. SOUTH RIVER DRIVE<br>MEDLEY, FL 33178 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 01/11/08-80001-018-150.00

**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:** ALEJANDRO ACOSTA.  1/7/08 (305)888-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #