


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F17131 1. Entity Name ALL STAR ENTERPRISES, INC.	
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Principal Place of Business 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178	Mailing Address 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178
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DO NOT WRITE IN THIS SPACE

01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2052879	Applied For 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

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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

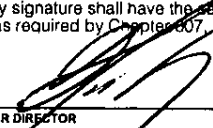
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, ALEJANDRO A 12060 NW SOUTH DRIVE DR MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELORTEGUI, MARTA 12060 NW SOUTH RIVER DR MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTES, CARLOS 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178
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 01/11/08-80001-018-150.00

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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 #