

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17131

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALL STAR ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2052879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, ALEJANDRO A
12060 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33178 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: ACOSTA, ALEJANDRO A
Address: 12060 NW SOUTH DRIVE DR
City-St-Zip: MEDLEY, FL

Title: V () Delete
Name: ELORTEGUI, MARTA
Address: 12060 NW SOUTH RIVER DR
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: MONTES, CARLOS
Address: 12060 N.W. SOUTH RIVER DRIVE
City-St-Zip: MEDLEY, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALEJANDRO ACOSTA

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date