2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87460

FILED Mar 02, 2006 Secretary of State

Entity Name: ALL STAR APPLIANCE & AIR CONDITIONING SERVICE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
6 ALBER ⁻ 21 NE 96 ИАМІ, FL				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
6 ALBER⁻ 21 NE 96 ∕IIAMI, FL				
El Number	: 59-2650758	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
AROCHE	E, ALBERT TH ST			
/IIAMI, FL The above	33138 US	ubmits this statement for the រុ	ourpose of changing its registere	ed office or registered agent, or both,
/IIAMI, FL The above	33138 US named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
MAMI, FL The above In the State	named entity se of Florida.	ubmits this statement for the p		od office or registered agent, or both, Date
MAMI, FL The above In the State	named entity se of Florida. RE: Electroni	·		
MAMI, FL The above the State GIGNATUR Election Car	named entity se of Florida. RE: Electroni	c Signature of Registered Agr	ent	
In the above on the State of th	named entity set of Florida. RE: Electronic mpaign Financing	c Signature of Registered Ago Trust Fund Contribution (). TORS: Delete ERT,	ent	Date
MAMI, FL The above the State GIGNATUR Election Car	anamed entity see of Florida. RE: Electronic mpaign Financing S AND DIRECT DP () LAROCHE, ALB 121 NE 96TH ST MIAMI, FL	c Signature of Registered Agr Trust Fund Contribution (). FORS: Delete ERT, Delete	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ALBERT LAROCHE DP 03/02/2006