

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K94803</b>	
1. Entity Name ALL STAR ENGRAVING, INC.	

Principal Place of Business % ARTHUR B. D'ALMEIDA 105 E. PALMETTO PARK RD BOCA RATON, FL 33432	Mailing Address % ARTHUR B. D'ALMEIDA 105 E. PALMETTO PARK RD BOCA RATON, FL 33432
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

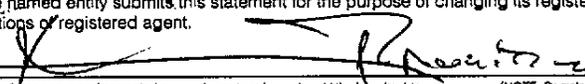
4. FEI Number <b>65-0126378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

D'ALMEIDA, ARTHUR B.  
105 E. PALMETTO PARK RD.  
BOCA RATON, FL 33432

**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: 4/20/04

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOUGLAS, GIORDANO
STREET ADDRESS	709 N.W. 4TH STREET
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  DATE: 4/20/04 DAYTIME PHONE #: 972-8180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR