

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M24889

Entity Name: ALLSTAR MIRROR, INC.

FILED
Feb 01, 2004
Secretary of State

Current Principal Place of Business:

C/O ALLEN M. LEVINE
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

C/O ALLEN M. LEVINE
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 59-2676413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, ALLEN M.
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312

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: T () Delete
Name: LEVAY, STEPHEN WILLI, AM
Address: 1180 S.W. 20TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: LEVAY, TERI L
Address: 1180 SW 20 AVE
City-St-Zip: BOCA RATON, FL

Title: S () Delete
Name: LEVAY, TRICIA ANN
Address: 1180 SW 20 AVENUE
City-St-Zip: BOCA RATON, FL

Title: P () Delete
Name: LEVAY, STEPHEN W
Address: 1180 SW 20 AVE
City-St-Zip: BOCA RATON, FL 33486

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN W LEVAY

P

02/01/2004

Electronic Signature of Signing Officer or Director

_____ Date