2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M24889

1180 SW 20 AVE

BOCA RATON, FL 33486

Address:

City-St-Zip:

Entity Name: ALLSTAR MIRROR, INC.

FILED Jul 16, 2006 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place of Business:		
3111 STIR	N M. LEVINE RLING ROAD ERDALE, FL 3	33312			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3111 STIR	N M. LEVINE RLING ROAD ERDALE, FL 3	33312			
FEI Number	: 59-2676413	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
FT. LAUD	RLING ROAD ERDALE, FL 3		ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.	subtitute time ottaterment for time p	surpose of onlinging the regioners	a cinico di regioterea agent, di botil,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	T () LEVAY, STEPH 1180 S.W. 20T BOCA RATON,	H AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () LEVAY, TERI L 1180 SW 20 AV BOCA RATON,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () LEVAY, TRICIA 1180 SW 20 AV BOCA RATON,	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	P ()	Delete FN W	Title: Name	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN WILLIAM LEVAY P 07/16/2006