

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90155 001 ****70.00

DOCUMENT # N00000004619			
1. Entity Name MIAMI ELITE ALLSTARS, INC.			
Principal Place of Business 8001 W. 26TH AVENUE #7-8 MIAMI, FL 33016		Mailing Address 862 N.E. 209TH STREET, #101 NORTH MIAMI BEACH, FL 33179 16534 Saddle Club Rd. WESTON, FL. 33326	
2. Principal Place of Business		3. Mailing Address 16534 Saddle Club Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WESTON, FL	
Zip	Country	Zip	Country
33326	USA	33326	USA
6. Name and Address of Current Registered Agent SHIMULUNAS, LESLIE A 862 NE 209TH STREET, #101 NORTH MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent Name LESLIE A. SHIMULUNAS Street Address (P.O. Box Number is Not Acceptable) 16534 SADDLE CLUB RD City WESTON FL Zip Code 33326	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PENA, NESTOR 2424 CENTERGATE DRIVE #203 MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	De la Pena, Nestor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10760 N. Preserve Way #207 Miramar, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD VELASQUEZ, CARLOS 2424 CENTERGATE DRIVE #203 MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Velasquez, Carlos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3711 SW 160th Ave #205 Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, ALEX 2424 CENTERGATE DRIVE #203 MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernandez, Alex <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3711 SW 160th Ave #203 Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u>Nestor De la Peña</u>		NESTOR DELA PEÑA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/15/04</u> Daytime Phone #: <u>305 336-8137</u>	