


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90334 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300006144
 1. Entity Name
ALL-STAR ADVENTURES, INC.



Principal Place of Business
**C/O 701 W CYPRESS CREEK RD 3 FLR
 FT LAUDERDALE, FL 33309**

Mailing Address
**C/O 701 W CYPRESS CREEK RD 3 FLR
 FT LAUDERDALE, FL 33309**

66414859



2. Principal Place of Business
2500E. HallandaleBeachBlvd

3. Mailing Address
2500HallandaleBeachBlvd

Suite, Apt. #, etc.
Suite 510

03172004 Chg-P CR2E034 (10/03)

City & State
Hallandale Beach, FL

City & State
Hallandale Beach, FL

Zip
33009

Country
Broward

Zip
33009

Country
Broward

4. File Number
43-1998353

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARIE MREJEN, P.A.
 701 W CYPRESS CREEK RD 3 FLR
 FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AMSTER, SCOTT C/O 701 W CYPRESS CREEK RD 3 FLR FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Amster, Scott 2500E. Hallandale Beach Blvd Hallandale Beach, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Amster, Norman 2500 E. Hallandale Beach Blvd. Hallandale Beach, FL 33009
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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 employees.

SIGNATURE: **Norman Amster**  **4/9/04** **954-454-6220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #