


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90028 042 \*\*\*150.00

**DOCUMENT # P03000006658**

1. Entity Name  
**ALLSTAR II EMBROIDERY, CORP.**



Principal Place of Business      Mailing Address

**784 TIVOLI CIRCLE, APT. 102**      **784 TIVOLI CIRCLE, APT. 102**  
**DEERFIELD BEACH, FL 33441**      **DEERFIELD BEACH, FL 33441**

**50007233**



2. Principal Place of Business      3. Mailing Address

*2900 West Sample Rd*      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*K 7001*

03132006    Chg-P    CR2E034 (11/05)

City & State      City & State

*Pompano Beh*      *FL*

Zip      Country      Zip      Country

*33073*      *FL*

4. FEI Number      Applied For

**16-1652201**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ESPINOZA, GLORIA C**  
**784 TIVOLI CIRCLE, APT. 102**  
**DEERFIELD BEACH, FL 33441**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESPINOZA, GLORIA C	
STREET ADDRESS	784 TIVOLI CIRCLE, APT. 102	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, GLORIA C.	
STREET ADDRESS	2900 WEST SAMPLE RD K-7001	
CITY-ST-ZIP	POMPANO BEH, FL, 33442.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Gloria C Espinoza*      *Gloria C Espinoza*      *08/27/06*      *(954) 917-4900*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #