

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000043433

1. Entity Name
ALL STAR PVC PRODUCTS, INC.



Principal Place of Business
 2709 N.W. 19TH STREET
 FT. LAUDERDALE, FL 33311

Mailing Address
 9470 W. BOYNTON BCH. BLVD
 BOYNTON BEACH, FL 33437



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1879933	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STROUD, SUZZETTE K
9470 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33437

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STROUD, SUZZETTE K
STREET ADDRESS	9470 W. BOYNTON BEACH BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VP
NAME	STROUD, CARLTON D
STREET ADDRESS	9470 W. BOYNTON BEACH BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	SEC
NAME	STROUD, SUZZETTE K
STREET ADDRESS	9470 W. BOYNTON BEACH BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	TREA
NAME	STROUD, SUZZETTE K
STREET ADDRESS	9470 W. BOYNTON BEACH BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Suzette K. Stroud Suzette K. STROUD 1-9-07 561-735-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #