I hereby 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 all other like empowered.

# SIGNATURE: ENRIQUE ACOSTA

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

	Electronic Signature of Registe	ered Agent	
Office	r/Director Detail :		
Title	PRESIDENT	Title	VP
Name	ACOSTA, ENRIQUE	Name	ACOSTA, ESTEBAN
Addres	s 9960 N. W. 116 WAY 9	Address	9960 N. W. 116 WAY 9
City-Sta	te-Zip: MEDLEY FL 33178	City-State-Zip:	MEDLEY FL 33178
Title	SECRETARY		
Name	ACOSTA, ENRIQUE		
Addres	s 9960 N. W. 116 WAY 9		

9960 N.W. 116 WAY	
9	
MEDLEY, FL 33178 US	

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# MEDLEY, FL 33178 US

SIGNATURE: ENRIQUE ACOSTA

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City-State-Zip: MEDLEY FL 33178

## FEI Number: 59-2052879

### Name and Address of Current Registered Agent:

**Current Mailing Address:** 9960 N.W. 116 WAY 9

ACOSTA, ENRIQUE

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**Current Principal Place of Business:** 9960 N. W. 116 WAY 9 MEDLEY, FL 33178

### 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F17131

Entity Name: ALL STAR ENTERPRISES, INC.

### FILED Feb 20, 2020 Secretary of State 3983197968CC

02/20/2020

Date

Certificate of Status Desired: No

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.

02/20/2020