2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F17131

1. Entity Name
ALL STAR ENTERPRISES, INC.

Principal Place of Business
12060 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33178

Mailing Address
12060 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33178

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2052879 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ACOSTA, ALEJANDRO A
12060 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33178

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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 _____ U00000582754 01/11/07-80043-025 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD
NAME	ACOSTA, ALEJANDRO A
STREET ADDRESS	12060 NW SOUTH DRIVE DR
CITY-ST-ZIP	MEDLEY, FL
TITLE	V
NAME	ELORTEGUI, MARTA
STREET ADDRESS	12060 NW SOUTH RIVER DR
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	MONTES, CARLOS
STREET ADDRESS	12060 N.W. SOUTH RIVER DRIVE
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Alejandro Acosta - PD — 1/5/07 305-888-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #