


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State


DOCUMENT # K08112
 1. Entity Name
 ALL STAR ICE AND LEASING CO.



Principal Place of Business
 % DOMINICK LISO
 611 SOUTH DIXIE HIGHWAY
 LAKE WORTH, FL 33460

Mailing Address
 % DOMINICK J. LISO
 611 SOUTH DIXIE HIGHWAY
 LAKE WORTH, FL 33460 US

DO NOT WRITE IN THIS SPACE



07092006 No Chg-P CR2E034 (11/05)

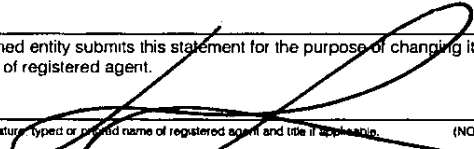
4. FEI Number 65-0023500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LISO, DOMINICK J
 611 SOUTH DIXIE HIGHWAY
 LAKE WORTH, FL 33436

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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:  (NOTE: Registered Agent signature required when reinstating)

7/10/06 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS DOMINICK LISO 611 S DIXIE HWY LAKE WORTH, FL 33460
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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:  **Dominick J. Liso** 7/10/06 (561)588-4613

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