

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039877

FILED
May 15, 2008
Secretary of State

Entity Name: ALL STAR PROMOTIONAL SERVICES, LLC.

Current Principal Place of Business:

600 N. THAKER SUITE A-13
KISSIMMEE, FL 34741 US

New Principal Place of Business:

600 N. THAKER SUITE D-58
KISSIMMEE, FL 34741 US

Current Mailing Address:

600 N. THAKER SUITE A-13
KISSIMMEE, FL 34741 US

New Mailing Address:

600 N. THAKER SUITE D-58
KISSIMMEE, FL 34741 US

FEI Number: 20-2745459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOMEZ, MAUREMS
1042 SOARING EAGLE LN
KISSIMMEE, FL 34746 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GOMEZ, MAUREMS
Address: 1042 SOARING EAGLE LN
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP () Delete
Name: GONZALEZ, FRANK
Address: 1042 SOARING EAGLE LN
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAUREMS GOMEZ

P

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date