

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004590

**FILED**  
**May 02, 2004**  
**Secretary of State****Entity Name:** PALM BEACH ELITE ALL STARS, INC.**Current Principal Place of Business:**6 KERRY PLACE  
BOYNTON BEACH, FL 33426 US**New Principal Place of Business:**2463 QUANTUM BLVD  
SUITE B-16  
BOYNTON BEACH, FL 33426 US**Current Mailing Address:**6 KERRY PLACE  
BOYNTON BEACH, FL 33426 US**New Mailing Address:**2463 QUANTUM BLVD  
SUITE B-16  
BOYNTON BEACH, FL 33426 US**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MURPH-THOMAS, KATINA N  
6 KERRY PLACE  
BOYNTON BEACH, FL 33426 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:****Title:** CEO ( ) Delete  
**Name:** MURPH-THOMAS, KATINA N  
**Address:** 6 KERRY PLACE  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US**Title:** COO ( ) Delete  
**Name:** WATSON, VIOLA A  
**Address:** 10022 BOYNTON PLACE CIRCLE APT.421  
**City-St-Zip:** BOYNTON BEACH, FL 33437 US**Title:** CFO (X) Delete  
**Name:** THOMAS, DEMETRIOS K  
**Address:** 211 N.E. 18TH AVENUE  
**City-St-Zip:** BOYNTON BEACH, FL 33435 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** MURPH-THOMAS, KATINA N  
**Address:** 6 KERRY PLACE  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US**Title:** VP (X) Change ( ) Addition  
**Name:** THOMAS, DEMETRIOS K  
**Address:** 6 KERRY PLACE  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATINA MURPH-THOMAS

P

05/02/2004

Electronic Signature of Signing Officer or Director

Date