2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N03000008563

Entity Name: ALL STAR KIDS ACTIVITIES INC.

Current Principal Place of Business:

14293 SW 94TH CIR. LN. #103
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14293 SW 94TH CIR. LN. #103
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-0308424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ACOSTA, ALEX
14293 SW 94TH CIR. LN. #103
MIAMI, FL 33186 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: PD ( ) Delete
Name: CAVALLETTI, SIMONE
Address: 368 NE 88TH STREET
City-St-Zip: MIAMI, FL 33138

Title: STD ( ) Delete
Name: ACOSTA, ALEX
Address: 14293 SW 94TH CIR. LN. #103
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: BALSERA, MIGUEL
Address: 2511 SW 102ND AVENUE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAVALLETTI, SIMONE
Address: 325 OCEAN DRIVE #404
City-St-Zip: MIAMI BEACH, FL 33139

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 for the exemption stated 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 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: ALEX ACOSTA STD 05/01/2006

Electronic Signature of Signing Officer or Director — Date