

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002072

FILED  
Sep 01, 2005  
Secretary of State

**Entity Name:** SOUTH FLORIDA ALL\*STARS, INC.

**Current Principal Place of Business:**

15851 SW 41ST ST., SUITE 100  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

3988 SW 141 AVE  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 65-0922181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

LOOMAR, L. GREGORY  
L. GREGORY LOOMAR, P.A.  
1152 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 33024 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PHILLIPS, DEBI  
Address: 3988 SW 141 AVE  
City-St-Zip: DAVIE, FL 33330

Title: ST ( ) Delete  
Name: RENNA, SHANNON  
Address: 3988 SW 141 AVE  
City-St-Zip: DAVIE, FL 33330

Title: D (X) Delete  
Name: LEINBOCK, ANDRE  
Address: 15851 SW 41ST ST  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: DEBI PHILLIPS

PD

09/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date