
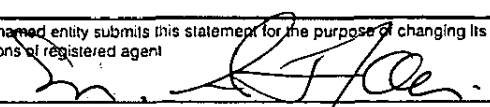
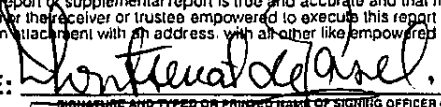


05-04-2005 90141 049 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000005450					
1. Entity Name ALLISTER ASSOCIATES, INC.					
Principal Place of Business 201 CRANDON BLVD STE 620 KEY BISCAVNE, FL 33149		Mailing Address 201 CRANDON BLVD STE 620 KEY BISCAVNE, FL 33149			
2. Principal Place of Business		3. Mailing Address			
Suite Apt #. etc		Suite Apt #. etc			
City & State		City & State		4. FEI Number 52-2215748	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARRA, MIGUEL G MORRISON BROWN ARGIZ & FARRA, LLP 1001 BRICKELL BAY DR MIAMI, FL 33134			Name Farra, Miguel G. Street Address (P.O. Box Number is Not Acceptable) Morrison, Brown, Argiz, & Farra, LLP 1001 Brickell Bay Dr., 9th Floor City Miami FL Zip Code 33131		
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 				DATE 4/11/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHARVET, ELDA M	NAME			
STREET ADDRESS	201 CRANDON BLVD STE 620	STREET ADDRESS			
CITY - ST - ZIP	KEY BISCAVNE, FL 33149	CITY - ST - ZIP			
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SOLANO, PILAR R	NAME	LUIS PALAU		
STREET ADDRESS	201 CRANDON BLVD STE 620	STREET ADDRESS	201 CRANDON BLVD STE 620		
CITY - ST - ZIP	KEY BISCAVNE, FL 33149	CITY - ST - ZIP	KEY BISCAVNE, FL 33149		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		E. M. CHARVET DIRECTOR		Date 04/04/05	

20057252



03022005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

4/11/05

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning)

DATE

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