


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90034 028 ***150.00

DOCUMENT # P0000005450

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03022006 Chg-P CR2E034 (11/05)

4. FEI Number
52-2215748

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**PARRA, MIGUEL G
 MORRISON BROWN ARGIZ & FARRA, LLP
 1001 BRICKELL BAY DR, 9TH FLOOR
 MIAMI, FL 33134**

7. Name and Address of New Registered Agent


Name
Miguel G. Farra

Street Address (P.O. Box Number is Not Acceptable)
Morrison, Brown, Argiz, Farra, LLP

1001 Brickell Bay Drive, 9th Floor

City **Miami** State **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 **3/2/06**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHARVET, ELDA M 201 CRANDON BLVD STE 620 KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PALAU, LUIS 201 CRANDON BLVD STE 620 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Palau, Luis 201 Crandon Blvd., Ste. 620 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Amparo Serrano Marquez 201 Crandon Blvd., Ste. 620 Key Biscayne, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:  DATE **3/2/06** (305) 573-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR