


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90063 043 ***150.00

DOCUMENT # P00000005450 1. Entity Name ALLISTER ASSOCIATES, INC.	
---	---

Principal Place of Business 201 CRANDON BLVD STE 620 KEY BISCAYNE, FL 33149	Mailing Address 201 CRANDON BLVD STE 620 KEY BISCAYNE, FL 33149
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number 52-2215748	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable



04042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FARRA, 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 Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE	DP <input type="checkbox"/> Delete PALAU, LUIS 201 CRANDON BLVD STE 620 KEY BISCAYNE, FL 33149
TITLE	DST <input type="checkbox"/> Delete MARQUEZ, AMPARO S 201 CRANDON BLVD STE 620 KEY BISCAYNE, FL 33149
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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 all other files empowered.

SIGNATURE:  DATE: 4/4/07 DAYTIME PHONE: (305) 373-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR