


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000009379 1. Entity Name AA STAR ENTERPRISES, INC.	
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Principal Place of Business 3218 MARYLAND AVE GREEN COVE SPRINGS, FL 32043	Mailing Address 3218 MARYLAND AVE GREEN COVE SPRINGS, FL 32043
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04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3697616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OLIVA, ALLEN C 3218 MARYLAND AVE GREEN COVE SPRINGS, FL 32043
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IN THIS SPACE**

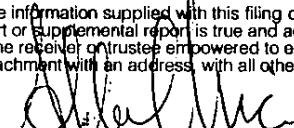
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLIVA, MARY J 3218 MARYLAND AVENUE GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BLAIS, CHARLES J 3614 SURFSIDE TERRACE DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OLIVA, JEANNAMARIE R 9565 SOUTHBROOK DR. - APT# 3815 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OLIVA, ALLEN C 3218 MARYLAND AVENUE GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 like empowered.	
SIGNATURE:  ALLEN C OLIVA	April 23, 2008 904 284 5477
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>