FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State DOCUMENT # P01000036273 1. Entity Name 05-23-2002 90025 006 ***150.00 ALL STAR CONTRACTING CORPORATION Principal Place of Business Mailing Address 3020 N. FEDERAL INVY. SUITE-118 3020 N. FEDERAL HMY, SUITE-118 FT: THUDERDALE FL 00006 FT. LAUDERDALE FL-99906 2. Principal Place of Business 3. Mailing Address 1311 NW 1311 NW CX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Jumber Applied For City & State City & State Ft Loudb-dol Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33304 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, JOHN F Street Address (P.O. Box Number is Not Acceptable) 3020 N. FEDERAL HWY. SUITE 11B FT. LAUDERDALE FL 33306 45 Zip Code City faternent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete RONALD RELLINGER. KELLY, JOHN F NAME 3020 N. FEDERAL HWY. SUITE 11B STREET ADDRESS 3020N. FEAERAL HY FT. LAUDERDALE FL 33306 CITY-ST-ZIP 31206 ☐ Change TITI F ☐ Addition ☐ Delete NAME STREET ADDRESS CITY-ST-7IP - - - Delete -- -- --TITLE-- Change - - Addition

TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE ಸಿ ಪ್ರಸಾಹಕ್ಕೆ ಬಿಂದಿ ಹಿಡುಗಳು NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 frequency of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATIBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Phone #