2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 08:00 AM Secretary of State

_	MITITORE	ILLI OILI				2000 00.00 Ar	
DOCUMENT # P01000087981 1. Entity Name ALL STAR SOLUTIONS, INC.				Secretary of State			
Principal Place 336 FAIRWAN WESTON, FL	Y CIRCLE	Malling Address 336 FAIRWAY CIRCLE WESTON, FL 33326		} }	E BARTA KURU BATU BATU BATU BA	X BRUSES SUME SUBSE SUBSES SUBSES SUBSESSE SUBSESSE SUBSESSE SUBSESSE SUBSESSE SUBSESSE SUBSESSE SUBSESSE SUBSESSE S	
D	O NOT WRITE	IN THIS SPA	CE (02222006 4. FEI Numb	No Chg-P	CR2E034 (11/05) Applied For [Not Applicable S8.75 Additional Fee Required]	
	6. Name and Address of Current Re	gistered Agent					
RAM)ROFF, GISELA 336 FAIRWAY CIRCLE WESTON, FL 33326			DO NOT WRITE 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 lamiliar with, and accept the obligations of registered agent.							
SIGNATURE_	Signature, typed or printed name of registered agent and	tide if applicable (NOTE Register	ad Agent signatura required	o when reinstating)		DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	· - + ·	.00 May Be led to Fees	#100000 03/14/00	00051-011 158.75	
10.	OFFICERS AND D	RECTORS	-1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIROFF, GISELA 336 FAIRWAY CIRCLE WESTON, FL 33326						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARDOZO, JACQUELINE 336 FAIRWAY CIR WESTON, FL 33326						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
THILE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

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:

DENATINE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARDO 2 2 28/06

822 -