

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90162 001 ***150.00
03-28-2008 90162 002 *****8.75

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1. Entity Name
ALL STAR SOLUTIONS, INC.



Principal Place of Business

**336 FAIRWAY CIRCLE
WESTON, FL 33326**

Mailing Address

**336 FAIRWAY CIRCLE
WESTON, FL 33326**

DO NOT WRITE IN THIS SPACE



03032008 No Chg-P. CR2E034 (11/05)

4. FEI Number

65-1139715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMIROFF, 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 familiar with, and accept the obligations of registered agent.

SIGNATURE: JACQUELINE CARDOZO, VICE-PRESIDENT 3/12/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMIROFF, GISELA
STREET ADDRESS	336 FAIRWAY CIRCLE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	V
NAME	CARDOZO, JACQUELINE
STREET ADDRESS	336 FAIRWAY CIR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: JACQUELINE CARDOZO V.P. 3/12/08 822-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #