

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000002154

1. Entity Name

A ALL STAR ENTERTAINMENT OF THE PALM BEACHES, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

5465 BERRY BLOSSOM WAY EAST
WEST PALM BEACH FL 33415-4444

Mailing Address

5465 BERRY BLOSSOM WAY EAST
WEST PALM BEACH FL 33415-4444



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 60-0002449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHING, CHRISTOPHER
5465 BERRY BLOSSOM WAY EAST
WEST PALM BEACH FL 33415-4444

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPST
CHING, CHRISTOPHER
5465 BERRY BLOSSOM WAY EAST
WEST PALM BEACH FL 33415-4444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
100000596324
01/23/07-80074-009 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CHRISTOPHER CHING

1-19-2007

561-656-4333

Date

Daytime Phone #