

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013860

Entity Name: ALLSTAR KID'S CLUB, INC.

FILED
Mar 18, 2005
Secretary of State

Current Principal Place of Business:

14293 SW 94 CIR LN
UNIT 103
MIAMI, FL 33186

New Principal Place of Business:

345 MICHIGAN AVE
UNIT 2
MIAMI BEACH, FL 33139

Current Mailing Address:

14293 SW 94 CIR LN
UNIT 103
MIAMI, FL 33186

New Mailing Address:

345 MICHIGAN AVE
UNIT 2
MIAMI BEACH, FL 33139

FEI Number: 02-0575910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, ALEX
14293 SW 94 CIR LN
UNIT 103
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACOSTA, ALEX
Address: 14293 SW 94 CIR LN
City-St-Zip: MIAMI, FL 33186

Title: TS () Delete
Name: CAVALLETTI, SIMONE
Address: P.O. BOX 530988
City-St-Zip: MIAMI, FL 33153

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: CAVALLETTI, SIMONE
Address: 345 MICHIGAN AVE APT 2
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMONE CAVALLETTI

TS

03/18/2005

Electronic Signature of Signing Officer or Director

Date