2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# P02000051061

Entity Name: ALLSTAR SERVICES OF SOUTH FLORIDA INC.

Current Principal Place of Business:

1611 NW 89 AVE.
PEMBROKE PINE, FL 33024

New Principal Place of Business:

1611 NORTH DOUGLAS RD
PEMBROKE PINES, FL 33024

Current Mailing Address:

1611 NW 89 AVE.
PEMBROKE PINE, FL 33024

New Mailing Address:

1611 NW 89 AVE.
PEMBROKE PINES, FL 33024

FEI Number: 04-3647181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUELLO, JAMES E
6954 W 29 AVE
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

ARGUELLO, JAMES E
1611 NW 89 AVENUE
PEMBROKE PINES, FL 33024 US

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: 05/02/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARGUELLO, JAMES E
Address: 6954 W 29 AVE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S ( ) Delete
Name: LUPERA, ELVIA MARIA
Address: 1611 NW 89 AVE.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T ( ) Delete
Name: LUPERA, ELVIA MARIA
Address: 1611 NW 89 AVE.
City-St-Zip: PEMBROKE PINE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARGUELLO, JAMES E
Address: 1611 NW 89 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Change ( ) Addition
Name: LUPERA, ELVIA MARIA
Address: 1611 NW 89 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T (X) Change ( ) Addition
Name: LUPERA, ELVIA MARIA
Address: 1611 NW 89 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES E ARGUELLO P 05/02/2006
Electronic Signature of Signing Officer or Director — Date