

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107178

FILED
May 12, 2005
Secretary of State

Entity Name: ALLSTAR INSURANCE BROKERAGE INC

Current Principal Place of Business:

707 EAST 9TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

4511 NW 195 STREET
MIAMI, FL 33055

Current Mailing Address:

707 EAST 9TH STREET
HIALEAH, FL 33010

New Mailing Address:

4511 NW 195 STREET
MIAMI, FL 33055

FEI Number: 06-1650860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELIZ, CARMEN
707 EAST 9 STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

VELIZ, CARMEN
4511 NW 195 STREET
MIAMI, FL 33055 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: CARMEN VELIZ

05/12/2005

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: VELIZ, CARMEN
Address: 707 EAST 9 STREET
City-St-Zip: HIALEAH, FL 33010

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VELIZ, CARMEN
Address: 4511 NW 195 STREET
City-St-Zip: MIAMI, FL 33055

Title: V () Change (X) Addition
Name: CABRERO, LLISMEL
Address: 4511 NW 195 STREET
City-St-Zip: MIAMI, FL 33055

Title: T () Change (X) Addition
Name: CABRERO, ORESTE J
Address: 4511 NW 195 STREET
City-St-Zip: MIAMI, FL 33055

Title: S () Change (X) Addition
Name: VELIZ, RAFAEL
Address: 4511 NW 195 STREET
City-St-Zip: MIAMI, FL 33055

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: CARMEN VELIZ

P

05/12/2005

Electronic Signature of Signing Officer or Director

Date