## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 30, 2005 08:00 AM DOCUMENT # P03000006658 **Secretary of State** ALLSTAR II EMBROIDERY, CORP. Mailing Address Principal Place of Business 784 TIVOLI CIRCLE, APT. 102 784 TIVOLI CIRCLE, APT. 102 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1652201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ESPINOZA, GLORIA C 784 TIVOLI CIRCLE, APT. 102 DEERFIELD BEACH, FL 33441 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 (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. . Added to Fees OFFICERS AND DIRECTORS 10. TITLE ESPINOZA, GLORIA C NAME U00000280329 03/30/05-80015-005 150.00 784 TIVOLI CIRCLE, APT. 102 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/05 954)9174900

**FILED**