2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038528

Current Principal Place of Rusiness:

Entity Name: ALL STAR PROPERTY MANAGEMENT, INC.

FILED May 30, 2004 Secretary of State

Outremet interput race of Business.		new i inicipal i lace of	Dusiness.
9250 BELAIRE DRIVE MIRAMAR, FL 33025		9401 BELAIRE DRIVE MIRAMAR, FL 33025	
Current Mailing Address:		New Mailing Address:	
9250 BELAIRE DRIVE MIRAMAR, FL 33025		9401 BELAIRE DRIVE MIRAMAR, FL 33025	
FEI Number: 11-3689797	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MAYOD ODEELIA M			

New Principal Place of Rusiness

201 S. BISCAYNE BLVD. **SUITE 1450** MIAMI, FL 33131 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:

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MAYOR, ORFELIA M MAYOR, ORFELIA M Name: Name: 9250 BELAIRE DRIVE Address: 9401 BELAIRE DRIVE Address:

City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33025

Title: () Delete Title: (X) Change () Addition

FERNANDEZ, MAREILYS LOPEZ, JEANETTE Name: Name: Address: 9250 BELAIRE DRIVE Address: 9401 BELAIRE DRIVE MIRAMAR, FL 33025 MIRAMAR, FL 33025 City-St-Zip: City-St-Zip:

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: ORFELIA MAYOR 05/30/2004 D