


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000146818 1. Entity Name ALLSTAR BILLING SERVICES, INC.	
---	---

Principal Place of Business 6450 W 21 COURT SUITE 205 HIALEAH, FL 33016	Mailing Address 6450 W 21 COURT SUITE 205 HIALEAH, FL 33016
---	---

DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0481797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VICTORES, BARBARA 6450 W 21 COURT SUITE 205 HIALEAH, FL 33016

DO NOT WRITE 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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VICTORES, BARBARA 6450 W 21 COURT SUITE 205 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT VICTORES, JESSICA 6450 W 21 COURT SUITE 205 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000620242
02/09/07-80028-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, 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:  **8/1/07** **(305) 558-7160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #