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Secretary of State
02-15-2005 90022 015 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50015486

02082005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000085101

1. Entity Name
ALL STAR INT'L REALTY, INC.

Principal Place of Business	Mailing Address
4620 WEST COMMERCIAL BLVD SUITE 10 TAMARAC, FL 33319	4620 WEST COMMERCIAL BLVD SUITE 10 TAMARAC, FL 33319

2. Principal Place of Business		3. Mailing Address	
1881 NE 26th St		P.O. Box 292122	
Suite, Apt. #, etc. #212		Suite, Apt. #, etc.	
City & State Ft Lauderdale FL		City & State Davie FL.	
Zip 33305	Country Broward	Zip 33328	Country Broward

4. FEI Number 86-1108048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACUZZO, ROBERT 4620 WEST COMMERCIAL BLVD SUITE 10 TAMARAC, FL 33319	Name ACUZZO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1881 N.E. 26th St. City Ft Lauderdale FL Zip Code 33305

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 Robert Acuzzo 2-8-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACUZZO, ROBERT 4620 WEST COMMERCIAL BLVD SUITE 10 TAMARAC, FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACUZZO, ROBERT 1881 NE 26th St Ft Lauderdale FL. 33305	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert Acuzzo 2-8-05 954-471-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #