


2008

2005-FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000085101			
1. Entity Name ALL STAR INT'L REALTY, INC.			
Principal Place of Business 4620 WEST COMMERCIAL BLVD SUITE 10 TAMARAC, FL 33319		Mailing Address 4620 WEST COMMERCIAL BLVD SUITE 10 TAMARAC, FL 33319	
2. Principal Place of Business 1881 NE 26th St Suite, Apt. #, etc. 212 City & State Ft. Lauderdale FL Zip 33305 Country Brazil		3. Mailing Address 4165 SW 67th Ave Suite, Apt. #, etc. City & State Davie Zip 33314 Country	
02082005 Chg-P CR2E034 (10/03)		4. FEI Number 86-1108048 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ACUZZO, ROBERT 4620 WEST COMMERCIAL BLVD SUITE 10 TAMARAC, FL 33319		7. Name and Address of New Registered Agent Name ACUZZO ROBERT Street Address (P.O. Box Number is Not Acceptable) 1881 NE 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 4-02-08 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ACUZZO, ROBERT STREET ADDRESS 4620 WEST COMMERCIAL BLVD SUITE 10 CITY-ST-ZIP TAMARAC, FL 33319 <input type="checkbox"/> Delete		TITLE ACUZZO ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ACUZZO ROBERT STREET ADDRESS 1881 NE 26th St #212 CITY-ST-ZIP Ft. Lauderdale FL 33305	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE 0001238570410 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 04/17/08-01012-024 **158.75	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: Robert Acuzzo 4-02-08 954-471-2611		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -7 AM 8:40

