## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 13, 2007 08:00 AM **DOCUMENT # P04000087353 Secretary of State** 1. Entity Name ALL STAR CLEANING INC. Principal Place of Business Mailing Address 6413 COUNTRY FAIR CIR 6413 COUNTRY FAIR CIR BOYNTON BCH, FL 33437 **BOYNTON BCH, FL 33437** No Chg-P CR2E034 (11/05) 04102007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0544738 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARTINE, ANTHONY DO NOT WRITE 6413 COUNTRY FAIR CIR BOYNTON BCH, FL 33437 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARTIN, ANTHONY NAME 6413 COUNTRY FAIR CIR STREET ADDRESS CITY-ST-ZIP BOYNTON BCH, FL 33437 TITLE 000000705038 04/23/07-80035-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TIDE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OF SIGHING OFFICER OR DIRECTOR

4-9-07 561-364-7306 Date Deptime Prome #