

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90419 020 ***150.00

DOCUMENT # P05000128113

1. Entity Name
ELITE ALLSTAR ENTERTAINMENT INC.



Principal Place of Business
**1800 NW 119 ST
APT. 102
NORTH MIAMI, FL 33167**

Mailing Address
**1800 NW 119 ST
APT. 102
NORTH MIAMI, FL 33167**

40076657



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

04262006 Chg-P CR2E034 (11/05)

4. FEI Number
02-0766751

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
SCHULTZ, RICHARD
1800 NW 119 ST, APT 102
NORTH MIAMI, FL 33167** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPTD
NOEL, REGINALD JR.
1800 NW 119 ST, APT 102
NORTH MIAMI, FL 33167** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MCQUEEN, TABARI CRAIG
1800 NW 119 ST, APT 102
NORTH MIAMI, FL 33167** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HAWTHORNE, PAUL
1709 NW 7TH AVE
FT LAUDERDALE, FL 33311** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 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: **REGINALD NOEL JR.**

4/27/06

786-229-5647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #