

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048400

FILED
Mar 06, 2009
Secretary of State

Entity Name: FLORIDA ALL STAR INSURANCE INC.

Current Principal Place of Business:

106 BUENAVENTURA BLVD.
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

106 BUENAVENTURA BLVD.
KISSIMMEE, FL 34743 US

New Mailing Address:

FEI Number: 03-0586240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESTEBAN, FRANCISCO
189 THORNBURY DRIVE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

ESTEBAN, PATRICIA
189 THORNBURY DRIVE
KISSIMMEE, FL 34744 US

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.

SIGNATURE: PATRICIA ESTEBAN

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESTEBAN, FRANCISCO
Address: 189 THORNBURY DRIVE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP () Delete
Name: ESTEBAN, PATRICIA
Address: 189 THORNBURY DRIVE
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO ESTEBAN

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date