


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

01-16-2008 90017 010 ***150.00

DOCUMENT # P07000049906 1. Entity Name ALL STAR GROUP MANAGMENT, CORP					
Principal Place of Business 999 BRICKELL BAY DRIVE 209 MIAMI, FL 33131			Mailing Address 999 BRICKELL BAY DRIVE 209 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 999 Brickell Bay Drive Suite, Apt. #, etc. 209		3. Mailing Address Suite, Apt. #, etc. <i>same</i>			
City & State Miami FL 33131		City & State same		4. FEI Number 20-8899237	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARGAS, JORGE 21300 SAN SIMEON WAY M-1 MIAMI, FL 33179				7. Name and Address of New Registered Agent Name MARIA CRISTINA VEGA Street Address (P.O. Box Number is Not Acceptable) 12423 SW 123 TER City MIAMI FL 33186 FL Zip Code 33186	
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 <i>[Signature]</i> MARIA CRISTINA VEGA DATE 4/18/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P VARGAS, JORGE 21300 SAN SIMEON WAY # M-1 MIAMI, FL 33179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLER, JESUS R 825 BRICKELL BAY DR # 247 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> JESUS R SOLER DATE 4/18/2006 DAYTIME PHONE # 305-372-0472 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					