

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001082

FILED  
May 01, 2010  
Secretary of State

Entity Name: ALL 1 STAR HOME HEALTH CARE INC.

**Current Principal Place of Business:**

5040 NW 7 ST  
SUITE 650  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5040 NW 7 ST  
SUITE 650  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 26-1693319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARXER, XENIA  
5040 NW 7 ST  
650  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ARXER, XENIA  
Address: 5040 NW 7 ST SUITE 610  
City-St-Zip: MIAMI, FL 33126

Title: VP  
Name: ARXER, XENIA  
Address: 5040 NW 7 ST SUITE 610  
City-St-Zip: MIAMI, FL 33126 DA

Title: CFO  
Name: XENIA, ARXER  
Address: 5040 NW 7 ST SUITE 610  
City-St-Zip: MIAMI, FL 33126 DA

I hereby 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 all other like empowered.

SIGNATURE: ARXER XENIA

PD

05/01/2010

Electronic Signature of Signing Officer or Director

Date