

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000003269

FILED  
Jan 24, 2011  
Secretary of State

**Entity Name:** MASTER KUTZ ALLSTARS, INC.

**Current Principal Place of Business:**

2290 NW NORTRIVERDRIVE APT #4  
MIAMI, FL 33125 US

**New Principal Place of Business:**

219 NW 36 ST  
MIAMI, FL 33127 US

**Current Mailing Address:**

2290 NW NORTRIVERDRIVE APT #4  
MIAMI, FL 33125 US

**New Mailing Address:**

FEI Number: 26-4015440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SINCLAIR, MANFRED  
2290 NW NORTRIVERDRIVE APT #4  
MIAMI, FL 33125 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SINCLAIR, MANFRED  
Address: 2290 NW NORTRIVERDRIVE APT #4  
City-St-Zip: MIAMI, FL 33125 US

Title: D  
Name: SINCLAIR, MANFRED  
Address: 2290 NW NORTRIVERDRIVE APT #4  
City-St-Zip: MIAMI, FL 33125 US

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: SINCLAIR MANFRED

PRES

01/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date