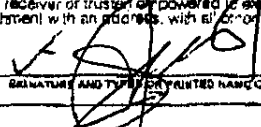


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P92000012163		
1. Entity Name ALL STAR PIZZA, INC.		
Principal Place of Business 11280 S.W. 137TH AVE. MIAMI, FL 33186 US		Mailing Address 11280 S.W. 137TH AVE. MIAMI, FL 33186 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SILVEIRA, MARCELO 11280 S.W. 137TH AVE. MIAMI, FL 33186		 01182007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0374653 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
		DO NOT WRITE IN THIS SPACE
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 or director if applicable (NOTE: Registered Agent Signature is required when replacing agent)		
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	SILVEIRA, MARCELO	
STREET ADDRESS	11280 SW 137 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 or like empowered.		
SIGNATURE:  1/8/07 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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05/10/07-80068-013 150.00

**DO NOT WRITE
IN THIS SPACE**