

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001019

Entity Name: ALL STAR EVENTS, INC.

FILED  
Mar 05, 2008  
Secretary of State

**Current Principal Place of Business:**

16350 NW 15 AVE  
UNIT B  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16350 NW 15 AVE  
UNIT B  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 65-0722026      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BANKS, CLAUDIA  
16350 NW 15 AVE UNIT B  
MIAMI, FL 33169 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: BANKS, CLAUDIA  
Address: 1012 FAIRFFAX LANE  
City-St-Zip: WESTON, FL 33326

Title: V ( ) Delete  
Name: BANKS, SONNY  
Address: 1012 FAIRFAX LANE  
City-St-Zip: WESTON, FL 33326

**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: CLAUDIA BANKS

PRES

03/05/2008

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

\_\_\_\_\_  
Date