2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000091910

1. Entity Name
ALL STAR CAPITAL GROUP, INC.

Principal Place of Business	Mailing Address
14707 SOUTH DIXIE HWY SUITE 306 MIAMI, FL 33176	14707 SOUTH DIXIE HWY SUITE 306 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, JOSE G
14707 SOUTH DIXIE HWY
SUITE 306
MIAMI, FL 33176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100001045.3840
03/21/06-80093-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JIMENEZ, JOSE G
STREET ADDRESS	14707 SOUTH DIXIE HWY, SUITE 306
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jose C Jimenez 3.10.06 (305)252-0113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #