

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# L07558

Entity Name: NEW STAR, INC.

Current Principal Place of Business:

5049 NW 165TH ST
MIAMI, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

5049 NW 165TH ST
MIAMI, FL 33014 US

New Mailing Address:

FEI Number: 65-0133866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABUS, ADEMAR
5049 NW 165TH ST
MIAMI, FL 33014 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: D () Delete
Name: CABUS, ADEMAR
Address: 5049 NW 165TH ST
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: CABUS, VALDIR
Address: 5049 NW 165TH ST
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: CARVALHO, LUCIANA C
Address: 5049 NW 165 ST
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: CABUS, ALBEIRA
Address: 5049 NW 165 STREET
City-St-Zip: HIALEAH, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OFFI () Change (X) Addition
Name: CARVALHO, CARLOS A OFFICER
Address: 5049 NW 165TH ST
City-St-Zip: HIALEAH, FL 33014 US

Title: OFFI () Change (X) Addition
Name: CABUS, ADRIANA D OFFICER
Address: 5049 NW 165TH ST
City-St-Zip: HIALEAH, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADEMAR CABUS

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date