

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L07558

FILED
Apr 25, 2007
Secretary of State

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

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

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
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Address:
City-St-Zip:

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: ADEMAR CABUS

P

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date