

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L52786

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** AMSTAR FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

NO PRINCIPAL OFFICE  
MIAMI, FL

**New Principal Place of Business:**

NO PRINCIPAL OFFICE  
NO CURRENT OPERATIONS  
MIAMI, FL

**Current Mailing Address:**

15921 SW 14 ST  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

**FEI Number:** 65-0181535      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NCAS LLC  
15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 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: LOCKE, NELSON JR  
Address: 15921 SW 14 ST  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Delete  
Name: LOCKE, CHERYL D  
Address: 15921 SW 14 ST  
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete  
Name: KLUCK, CHARLES M  
Address: 9701 NE 5TH AVENUE  
City-St-Zip: MIAMI SHORES, FL 33138

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NELSON A. LOCKE

D

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date