2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90012 050 ***150.00

02102004 Chg-P CR2E034 (10/03)

DOCUMENT # M39748

1. Entity Name
STARQUEST, INC.

Principal Place of Business	Mailing Address
14240 SW 139 CT MIAMI, FL 33186 US	14240 SW 139 CT MIAMI, FL 33186 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2713222 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECKEL, BRUCE 9601 S.W. 183RD STREET MIAMI, FL 33157	Name: Eckel, Bruce Street Address (P.O. Box Number is Not Acceptable): 8002 SW 172 Terr City: Palmetto Bay FL Zip Code 33157

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ECKEL, GISELA 9601 S.W. 183RDS STREET MIAMI, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8002 SW 172 Terr Palmetto Bay, FL 33157 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECKEL, BRUCE 9601 S.W. 183RDS STREET MIAMI, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8002 SW 172 Terr Palmetto Bay, FL 33157 ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Gisela Eckel, Gisela Eckel 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #