

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90035 036 ***150.00

DOCUMENT # P00000062122

1. Entity Name

BRITTANY STAR, INC.



Principal Place of Business

3435 NE 210TH ST
AVENTURA FL 33180

Mailing Address

3435 NE 210TH ST
AVENTURA FL 33180

94040515



MOORE

CR2E034 (11/03)

2. Principal Place of Business

20810 West Dixie Highway
Suite, Apt. #, etc.

3. Mailing Address

20810 W Dixie Highway
Suite, Apt. #, etc.

City & State

NMB, FL

City & State

NMB, FL

4. FEI Number

65-1025012

Applied For

Not Applicable

Zip

33180

Country

US

Zip

33180

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOCOL, BRITTANY
3435 NE 210TH ST
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Brittany Socol

Street Address (P.O. Box Number is Not Acceptable)

20810 West Dixie Highway

City

NMB, FL

FL

Zip Code

33180

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

Brittany Socol

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SOCOL, BRITTANY
STREET ADDRESS 3435 NE 210TH ST
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME SOCOL BRITTANY
STREET ADDRESS 20810 West Dixie Highway
CITY-ST-ZIP NMB, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Brittany Socol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/04
Date

305-653-7350
Daytime Phone #