


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90319 050 \*\*\*150.00

DOCUMENT # P00000102527

1. Entity Name  
14 STAR CORP.



**DO NOT WRITE IN THIS SPACE**

**94050151**

2. Principal Place of Business  
931 SR 434 N.  
Suite, Apt. #, etc. 1255  
City & State Altamonte Springs, FL  
Zip 32714 Country

3. Mailing Address  
SAME.  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-367-9153 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

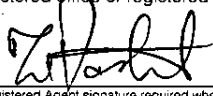
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ZAMEER RASHID  
Street Address (P.O. Box Number is Not Acceptable) 836 Eagle Claw Ct.  
Lake Mary  
City FL Zip Code 32746

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 ZAMEER RASHID  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

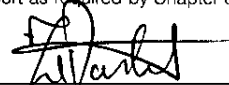
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			
TITLE	<u>President</u>	TITLE	
NAME	<u>NAHEED HANSRAJ</u>	NAME	
STREET ADDRESS	<u>A/1-A-4, S.I.T.E.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>KARACHI 75700, PAKISTAN</u>	CITY-ST-ZIP	
TITLE	<u>V.P.S</u>	TITLE	
NAME	<u>ZAMEER RASHID</u>	NAME	
STREET ADDRESS	<u>836 EAGLE CLAW CT.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>LAKE MARY, FL 32746</u>	CITY-ST-ZIP	
TITLE	<u>TR.</u>	TITLE	
NAME	<u>AFTAB AHMAD</u>	NAME	
STREET ADDRESS	<u>8137 INVERNESS RIDGE RD.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>POTOMAC, MD 20854</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ZAMEER RASHID  - 4/8/04 407-862-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)