


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90420 016 \*\*\*150.00

**DOCUMENT # P02000023174**

1. Entity Name  
**BLUSTAR GROUP CORPORATION**



Principal Place of Business      Mailing Address

**333 UNIVERSITY DRIVE #103 CORAL GABLES, FL 33134**      **333 UNIVERSITY DRIVE #103 CORAL GABLES, FL 33134**

2. Principal Place of Business      3. Mailing Address

**13170 sw 128 street #202 Miami FL**      **13170 sw 128 st Miami FL**


City & State      City & State

**Miami FL**      **Miami FL**

Zip      Country      Zip      Country

**33186 USA**      **33186 USA**

4001000\*



03222006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**03-0421183**      **Not Applicable**

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

8. Name and Address of Current Registered Agent

**MACIA, CARLO E**  
**333 UNIVERSITY DRIVE #103**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **Macia Carlos E**

Street Address (P.O. Box Number is Not Acceptable) **13170 sw 128 st #202**

City **Miami**      FL      Zip **33186**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | PD                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MACIA, CARLOS E</b>           |  |
| STREET ADDRESS | <b>333 UNIVERSITY DRIVE #103</b> |  |
| CITY-ST-ZIP    | <b>CORAL GABLES, FL 33134</b>    |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |   |
|----------------|-----------------------------|---|
| TITLE          | PO.                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Macia, Carlos E</b>      |   |
| STREET ADDRESS | <b>13170 sw 128 st #202</b> |   |
| CITY-ST-ZIP    | <b>Miami, FL 33186</b>      |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-ST-ZIP    |                             |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-ST-ZIP    |                             |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-ST-ZIP    |                             |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_ **4-10-06**

\_\_\_\_\_  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR