2008 FOR PROFIT CORPORATION

Mar 12, 2008 8:00 am Secretary of State **ANNUAL REPORT** 03-12-2008 90023 024 ***150.00 **DOCUMENT # P02000023174 BLUSTAR GROUP CORPORATION** 40043303 Principal Place of Business Mailing Address 13170 SW 128 STREET 13170 SW 128 STREET #206 #206 MIAMI, FL 33186 MIAMI, FL 33186 03102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0421183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MACIA, CARLOS E 13170 SW 128 ST, #206 MIAMI, FL 33186 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MACIA, CARLOS E 13170 SW 128 ST #206 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier final reports 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 in changed, or on an attachment with am application, with am application of the corporation of the

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR ORINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

Daytime Phone 6

FILED