
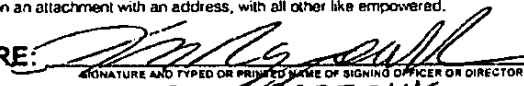


FILED
Apr 03, 2006 8:00 am
Secretary of State

03-15-2006 90114 032 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000152690					
1. Entity Name JERUSALEM STAR, INC.					
Principal Place of Business 8540 OLD CR 54 NEW PORT RICHEY, FL 34653			Mailing Address 8540 OLD CR 54 NEW PORT RICHEY, FL 34653		
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 20-3778101	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAZZOUK, JAMIL G 8540 OLD CR 54 NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code FL	
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 remaining) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAZZOUK, JAMIL G	NAME			
STREET ADDRESS	8540 OLD CR 54	STREET ADDRESS			
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653	CITY-STATE-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAZZOUK, MARIE	NAME			
STREET ADDRESS	8540 OLD CR 54	STREET ADDRESS			
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653	CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-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: 		03-13-06		(727) 375-2559	
MARIE RAZZOUK		Date		Daytime Phone #	

66008266



03082006 Chg-P CR2E034 (11/05)

\$8.75 Additional Fee Required