


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P05000166114</b> 1. Entity Name <b>BRIGHTSTAR REALTY GROUP, CORP.</b>	
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[Handwritten Signature]

FILED

06 AUG 28 PM 5:01

Principal Place of Business <b>1580 SAWGRASS CORPORATE PARKWAY SUITE 130 SUNRISE, FL 33323</b>	Mailing Address <b>1580 SAWGRASS CORPORATE PARKWAY SUITE 130 SUNRISE, FL 33323</b>
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SECRET  
TALLAHASSEE, FLORIDA



2. Principal Place of Business <i>Same as above</i>	3. Mailing Address <i>Same as above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08222006 Chg-P CR2E034 (11/05)

City & State	City & State
Zip	Country

4. FEI Number <b>204793286</b> NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  OCHOA, CAROLINA A 4833 HIBBS GROVE TERR COOPER CITY, FL 33323	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P OCHOA, CAROLINA A 4833 HIBBS GROVE TERR COOPER CITY, FL 33330	<input type="checkbox"/> Delete	TITLE	<b>800079521228</b> 09/06/06--01036--001 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHOA, CAROLINA A		NAME		
STREET ADDRESS	4833 HIBBS GROVE TERR		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALZER, MARK B		NAME		
STREET ADDRESS	9208 NW 73RD STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIJOS, PEDRO JR		NAME		
STREET ADDRESS	4833 HIBBS GROVE TERR		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-ST-ZIP		
TITLE	<i>David Alcott (Dir)</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>130 Cypress club Dr.</i>		NAME		
STREET ADDRESS	<i>Pompano Bch Fl 33060</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Pompano Bch Fl 33060</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** \_\_\_\_\_ *[Handwritten Signature]* 8/22/06 9548011272

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