

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

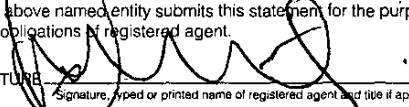
04-22-2004 90073 017 ***150.00

DOCUMENT # P95000063740		
1. Entity Name WORLD STAR INSURANCE, CORP.		

Principal Place of Business 4315 N.W. 7 STREET SUITE 46 MIAMI, FL 33126	Mailing Address 4315 N.W. 7 STREET SUITE 46 MIAMI, FL 33126
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2. Principal Place of Business 4303 NW 7 ST.	3. Mailing Address 4303 NW 7 ST.
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State MIAMI FL	City & State MIAMI FL
Zip 33126	Country USA

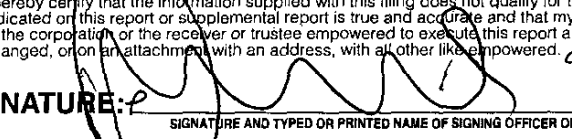
6. Name and Address of Current Registered Agent DUARTE, CELIA M 4315 N.W. 7 STREET SUITE 46 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name DUARTE CELIA M. Street Address (P.O. Box Number is Not Acceptable) 4303 NW 7 ST. STE A-B MIAMI FL 33126	
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8. 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. CELIA M. DUARTE REGISTERED AGENT SIGNATURE:  DATE: 03/27/04	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUARTE, CELIA M 7291 SW 13TH TERRACE MIAMI, FL 33144 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered. CELIA M. DUARTE PRESIDENT SIGNATURE:  DATE: 03/27/04 (305) 774-5636	
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