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	Mailing Address
~~4315 N.W. 7 STREET~~ ~~SUITE 46~~ ~~MIAMI, FL 33126~~	~~4315 N.W. 7 STREET~~ ~~SUITE 46~~ ~~MIAMI, FL 33126~~

2. Principal Place of Business		3. Mailing Address	
4303 NW 7 St.		4303 NW 7 St.	
Suite, Apt. #, etc. # B		Suite, Apt. #, etc. # B	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33126	Country USA	Zip 33126	Country USA

03292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0601913 ☐ Applied For ☐ Not Applicable

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

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
City MIAMI FL Zip Code 33126

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 [signature] CELIA M. DUARTE REGISTERED AGENT 03/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUARTE, CELIA M		NAME	
STREET ADDRESS	7291 SW 13TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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.

SIGNATURE: [signature] CELIA M. DUARTE PRESIDENT 03/27/04 (305) 774-5636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #