## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT** # P96000073102

STAR TRADER INVESTMENTS, INC.



SELLIE PARY OF STATE VISION OF CORPORATIONS

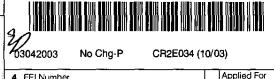
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Principal Place of Business

Mailing Address

14225 SW 103RD CT. MIAMI, FL 33176

14225 SW 103RD CT. MIAMI, FL 33176



No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0690698

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, SANDRA A **13780 SW 56TH STREET** SUITE 230

MIAMI, FL 33175			IN THIS SPACE			
	,	·			,	
the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registered offi	ice or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered Agent	signature	required when reinstating)	DATE	į
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10	OFFICERS AND DIRE	CTORS				Ī
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINTO, HIPOLITO P 14225 SW 103RD COURT MIAMI, FL			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE PINTO, CARMEN C 14225 SW 103RD COURT MIAMI, FL 33176			05.	800037044028 /24/0401066009 **158.75	į
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINTO, CLAUDIA 14225 SW 103RD COURT MIAMI, FL: 33176		٠	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINTO, JULIAN 14225 SW 103RD COURT MIAMI, FL 33176			IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINTO, BIBIANA 14225 SW 103RD COURT MIAMI, FL. 33176		ś			
TITLE NAME STREET ADDRESS		1				

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.

CITY-ST-ZIP

SIGNATURE AND TO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #