

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90060 015 ***150.00

DOCUMENT # P04000129259		
1. Entity Name GOLD STAR MORTGAGE GROUP, INC.		

Principal Place of Business 2455 EAST SUNRISE BOULEVARD SUITE 502 FORT LAUDERDALE, FL 33304 US	Mailing Address 7501 W OAKLAND BLVD SUITE 201 FORT LAUDERDALE, FL 33319 US
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2. Principal Place of Business 2455 E. Sunrise Blvd	3. Mailing Address 2455 E. Sunrise Blvd
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33304	Country USA

01262005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-1617638	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHILLER, KESSLER, & GOMEZ, PLC 7501 W OAKLAND PARK BLVD SUITE 201 FORT LAUDERDALE, FL 33319	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GOLDSTEIN, STEVEN L 21423 TUDOR DRIVE BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR GOLDSTEIN, STEVEN L 21423 TUDOR DRIVE BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GOLDSTEIN, STEVEN L 21423 TUDOR DRIVE BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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.

SIGNATURE: 	Date 1/25/05	Daytime Phone # 954.358-0748
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