2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L04000025987

Entity Name: QUANTUM BLACKSTAR, LLC

Current Principal Place of Business:

3415 GALT OCEAN DRIVE
SUITE 240
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3415 GALT OCEAN DRIVE
SUITE 240
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-0972423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAGAROLO, NICOLA L ESQ.
3800 NORTHEAST THIRD AVENUE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GUERRA, COLLETTE
Address: 3415 GALT OCEAN DRIVE , SUITE 240
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM ( ) Delete
Name: QUANTUM BLACKSTAR LTD., S.A.
Address: 522 BALBOA PLAZA
City-St-Zip: AVENIDA BALBOA, PA PA R.O.P PA

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ZAGAROLO, NICOLA
Address: 3800 NE THIRD AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NICOLA L ZAGAROLO MGR 04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date