


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90020 048 ***158.75

660906 1. Entity Name FOUR STAR COSTUMES, INC.	
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Principal Place of Business 3704 NE 2ND AVE MIAMI, FL 33137 US	Mailing Address 3704 NE 2ND AVE MIAMI, FL 33137 US
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2. Principal Place of Business 575 NW 24 ST. Suite, Apt. #, etc. 575 NW 24 ST. City & State MIAMI, FLORIDA Zip 33127 Country USA	3. Mailing Address 575 NW 24 ST. Suite, Apt. #, etc. City & State MIAMI, FLORIDA Zip 33127 Country USA
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01032005 4. FEI Number 59-1989463 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75	Applied For Not Applicable
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6. Name and Address of Current Registered Agent SARTORIUS, WILLIAM S., JR. 730 THIRD STREET SUITE 201 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SARTORIUS, WILLIAM S., JR. 730 THIRD STREET, #201 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD CARRETTI, GIANFRANCO 730 THIRD STREET, SUITE 201 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD DANTAS, CARLOS 395 NE 21 ST APT #204 MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: William S. Sartorius, Jr. (PRES.) WILLIAM S. SARTORIUS, JR. 1/25/05 305 573-5657
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #