

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90071 038 ***150.00

DOCUMENT # F03000002191

1. Entity Name
RSTAR CORPORATION



Principal Place of Business
**1560 SAWGRASS CORPORATE PARKWAY
SUITE 200
SUNRISE, FL 33323**

Mailing Address
**1560 SAWGRASS CORPORATE PARKWAY
SUITE 200
SUNRISE, FL 33323**

54071363



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

91-1836242

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCIANO, ERNESTO A ESQ.
1560 SAWGRASS CORPORATE PARKWAY
SUITE 200
SUNRISE, FL 33323**

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

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
Due by September 8, 2004**

9. 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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Delete
NAME SALAMEH, SAMER F
STREET ADDRESS 1560 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☒ Addition
NAME **D Shomo Rockiv**
STREET ADDRESS **1560 Sawgrass Corp Pkwy**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE V ☒ Delete
NAME GAT, YOEL
STREET ADDRESS 1560 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☒ Addition
NAME **D/W CFO Doron Gofen**
STREET ADDRESS **1560 Sawgrass Corp Pkwy**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE D ☒ Delete
NAME MEJIAS, TULIO
STREET ADDRESS 1560 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☒ Addition
NAME **PICED Michael Manza**
STREET ADDRESS **1560 Sawgrass Corp Pkwy**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE D ☒ Delete
NAME MAIMON, ODED
STREET ADDRESS 1560 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☒ Addition
NAME **D Yaron Esher**
STREET ADDRESS **1560 Sawgrass Corp Pkwy**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE V ☒ Delete
NAME KIRKNER, WILLIAM
STREET ADDRESS 1560 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☒ Addition
NAME **T7 Cortesier Julie M. Becker**
STREET ADDRESS **1560 Sawgrass Corp Pkwy**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE S ☐ Delete
NAME LUCIANO, ERNESTO A
STREET ADDRESS 1560 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernesto Luciano

Date

Daytime Phone #

8/31/04 954 851-1859