


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90218 041 \*\*\*158.75

<b>DOCUMENT # F03000002577</b> 1. Entity Name <b>LIONSTAR CORPORATION</b>	
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Principal Place of Business <b>3511 SILVERSIDE ROAD, SUITE 105 WILMINGTON, DE 19810</b>	Mailing Address <b>C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134</b>
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**94061937**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1645551</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

<b>5. Name and Address of Current Registered Agent</b>  <b>JENSEN, JOAN B 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134</b>
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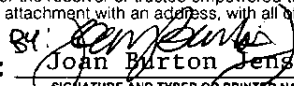
**DO NOT WRITE  
IN THIS SPACE**

<b>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.</b>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD KEON, WILLIAM T III 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARRIO, NOLA 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JENSEN, JOAN B 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
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**DO NOT WRITE  
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<b>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.</b>		
<b>SIGNATURE:</b> 	<b>Joan Burton Jensen, Secretary and Treasurer</b>	<b>305-442-3452</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>
		<small>Daytime Phone #</small>