2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # F05000004343 1. Entity Name ENSTAR INVESTMENTS INC.					40	04-21-200	8 90063 004 ***1	150.00
Principal Place of Business		ailing Address	<u> </u>		-			
7901 4TH STREET NORTH, STE. 203 7901 4TH STREET NORTH ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 337				-	i 1011107 1111	OTFOS WILL OTTO MOIN OUR	FII Fo ir Bo ri Thos iku bigan i	
Principal Place of Business - No P.O. Box # Mailing Add		Mailing Address	J Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02292008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe 20-0684			oplied For ot Applicable
			Country		5. Certificate	of Status Desired	See Require	
6. Name an	d Address of Current Regis	tered Agent			7. Name and	Address of New R	Registered Agent	
BALKAN. THOMAS J			Name					
7901 4TH STREET NORTH, STE. 203 ST. PETERSBURG, FL 33702			Street /	Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Coo	ie
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 ponted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					00 May Be ed to Fees			,
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE C		☐ Delete	TITLE				☐ Change	☐ Addition
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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

727-576-1637 Daytime Phone #