

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005349

FILED
Feb 01, 2007
Secretary of State

Entity Name: JOYSTAR, INC. MIAMI CRUISE CENTER

Current Principal Place of Business:

95 ARGONAUT, SUITE 100
ALISO VIEJO, CA 92656

New Principal Place of Business:

Current Mailing Address:

95 ARGONAUT, SUITE 100
ALISO VIEJO, CA 92656

New Mailing Address:

FEI Number: 68-0406331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, KATHERINE
2875 N.E. 191ST STREET
SUITE 305
AVENTURA, FL 33180 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCS () Delete
Name: ALVERSON, WILLIAM M
Address: 95 ARGONAUT, SUITE 100
City-St-Zip: ALISO VIEJO, CA 92656

Title: VC () Delete
Name: ALVERSON, WILLIAM M
Address: 95 ARGONAUT, SUITE 100
City-St-Zip: ALISO VIEJO, CA 92656

Title: VPD () Delete
Name: WEST, KATHERINE
Address: 2023 YACHT DEFENDER
City-St-Zip: NEWPORT BEACH, CA 92656

Title: D () Delete
Name: FAWCETT, WILLIAM
Address: 36 VIA BARCAZA
City-St-Zip: COTO DE CAZA, CA 92679

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE WEST

VPD

02/01/2007

Electronic Signature of Signing Officer or Director

Date