# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2004**
**Secretary of State**

DOCUMENT# F96000004336

**Entity Name:** EAGLESTAR INTERTRADE LIMITED CORP.

**Current Principal Place of Business:**

9995 GATE PKWY
STE 400
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9995 GATE PKWY
STE 400
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number: 98-0162725** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOEGLER, STEVEN C
9995 GATE PKWY
STE 400
JACKSONVILLE, FL 32246 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: D ( ) Delete
Name: PLANTATION DIRECTORS, INC
Address: 208 LAUREL LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete
Name: KAVALIEROS, THEODORES I
Address: 9995 GATE PKWY., STE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: P ( ) Delete
Name: FRENKEL, RAISSA M A
Address: 9995 GATE PKWY., STE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: KOEGLER, STEVEN C
Address: 9995 GATE PKWY., STE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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:

Title: T ( ) Change (X) Addition
Name: SISSELMAN, STEVEN M
Address: 9995 GATE PKWY., STE 400
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN C. KOEGLER S 01/08/2004

Electronic Signature of Signing Officer or Director — Date