


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**

**Jan 27, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT #</b> G63821	
<b>1. Entity Name</b> ASTRAC, INC.	

<b>Principal Place of Business</b> 4800 RIVIERA DR. CORAL GABLES FL 33146 US	<b>Mailing Address</b> % HUMBOLT INC P O BOX 14-1832 CORAL GABLES FL 33114 US
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt #, etc.	Suite, Apt #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b>	
MACHADO, EMILIA C. 4800 RIVIERA DR CORAL GABLES FL 33146	

<b>4. FEI Number</b> 59-2584055	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PS <input type="checkbox"/> Delete	<b>NAME</b> MACHADO, EMILIA C.	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 4800 RIVIERA DR.	<b>CITY - ST - ZIP</b> CORAL GABLES FL	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> VT <input type="checkbox"/> Delete	<b>NAME</b> MACHADO, JULIO C.	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>STREET ADDRESS</b> 4800 RIVIERA DR.	<b>CITY - ST - ZIP</b> CORAL GABLES FL	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</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.**

**SIGNATURE:** *Emilia C. Machado, Pres.* **1/24/05** **305-666-0645**