
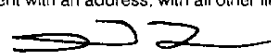


FILED
Mar 12, 2008 8:00 am
Secretary of State

40043000

DOCUMENT # J11738 1. Entity Name TELSTAR MAINTENANCE, INC.				Secretary of State 03-12-2008 90030 011 ***150.00	
Principal Place of Business 13615 DOUBLE TREE TRAIL WELLINGTON, FL 33414		Mailing Address 13615 DOUBLE TREE TRAIL WELLINGTON, FL 33414			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40043000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-2668944	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVE, DAVID 13615 DOUDLETREE TRAIL 1840 WEST 49TH STREET WELLINGTON, FL 33414				7. Name and Address of New Registered Agent	
				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVE, DAVID		NAME		
STREET ADDRESS	13615 DOUBLETREE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON,, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVE, DONNA		NAME		
STREET ADDRESS	13615 DOUBLETREE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON,, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHUNG, PHILLIP		NAME		
STREET ADDRESS	17814 73RD CT. N		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVE, JASON		NAME		
STREET ADDRESS	12630 WHITE CORAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			2-13-08 561-7933282		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		