

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90091 013 \*\*\*158.75

**DOCUMENT # J58246**

1. Entity Name

FLOSTAR INC.



Principal Place of Business

2801 PONCE DE LEON BLVD  
SUITE 650  
CORAL GABLES FL 33134  
US

Mailing Address

P.O. BOX 490265  
KEY BISCAYNE FL 33149-0265  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0121801

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARIAS, MANUEL F  
217 E ENID DR.  
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

MANUEL F. ARIAS

Street Address (P.O. Box Number is Not Acceptable)

791 CRANDON BLVD #405

2801 PONCE DE LEON BLVD # 650

KEY BISCAYNE GABLES FL 33149

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

*Manuel F. Arias, DIRECTOR*

Signature, typed or printed 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | SDPT                     | <input type="checkbox"/> Delete |
| NAME           | ARIAS, MANUEL F.         |                                 |
| STREET ADDRESS | 217 E ENID DR            |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149    |                                 |
| TITLE          | DV                       | <input type="checkbox"/> Delete |
| NAME           | ARIAS, ANGELA            |                                 |
| STREET ADDRESS | 217 E ENID DR.           |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149    |                                 |
| TITLE          | DV                       | <input type="checkbox"/> Delete |
| NAME           | ALVAREZ-SACOSA, CARMEN M |                                 |
| STREET ADDRESS | 6610 SW 43RD ST          |                                 |
| CITY-ST-ZIP    | MIAMI FL 33155           |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | ARIAS, MANUEL F III      |                                 |
| STREET ADDRESS | 217 E ENID DR            |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149    |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | ARIAS, CARLOS A          |                                 |
| STREET ADDRESS | 217 E ENID DRIVE         |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149    |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | ARIAS, CAROLINE A        |                                 |
| STREET ADDRESS | 217 E ENID DRIVE         |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33149    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | DP                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS | 791 CRANDON BLVD #405     |  |
| CITY-ST-ZIP    | KEY BISCAYNE, FL 33149    |  |
| TITLE          | DS                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | DVT                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ALVAREZ-SACOSA, CARMEN M. |  |
| STREET ADDRESS | 6747 S.W. 57TH TERRACE    |  |
| CITY-ST-ZIP    | MIAMI, FL 33143           |  |
| TITLE          | ✓                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS | 791 CRANDON BLVD #405     |  |
| CITY-ST-ZIP    | KEY BISCAYNE, FL 33149    |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | ✓                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

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:** *Manuel F. Arias, DIRECTOR* 04/10/04 (305) 648-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #