



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 027 ***150.00

DOCUMENT # J80222 1. Entity Name NORTHERN STAR PROPERTIES, INC.					
Principal Place of Business 750 EAST SAMPLE ROAD BUILDING 2, SUITE 210 POMPANO BEACH, FL 33064 US				Mailing Address 750 EAST SAMPLE ROAD BUILDING 2, SUITE 210 POMPANO BEACH, FL 33064 US	
2. Principal Place of Business - No P.O. Box # 2816 NE 35 Court		3. Mailing Address 2816 NE 35 Court			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02272008 Chg-P CR2E034 (12/06)	
City & State St. Lauderdale FL		City & State St. Lauderdale FL		4. FEI Number 59-2840739	
Zip 33308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANNE, LESLIE 750 EAST SAMPLE ROAD BUILDING 2, SUITE 210 POMPANO BEACH, FL 33064				7. Name and Address of New Registered Agent Name Manne, Leslie Street Address (P.O. Box Number is Not Acceptable) 2816 NE 35 Court City St. Lauderdale FL Zip Code 33308	
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 Leslie Manne Feb 27, 2008 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MANNE, LEE 750 E. SAMPLE RD, BLDG 2, SUITE 210 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Manne, Lee 2816 NE 35 Court St. Lauderdale FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANNE, LESLIE 750 E. SAMPLE RD., BLDG 2, STE 210 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Manne Leslie 2816 NE 35 Court St. Lauderdale FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBIN, ALLAN 6711 N. OCEAN BLVD #5 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUBIN, JUDI 6711 N. OCEAN BLVD #5 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

Leslie Manne, Leslie Manne Feb 27, 2008 (954) 563-8611