

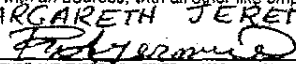


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K36097</b>			
1. Entity Name <b>STARBRITE INVESTMENTS OF AMERICA, INC.</b>			
Principal Place of Business <b>1470 NE 128 ST 1216 MIAMI, FL 33161</b>		Mailing Address <b>1470 N.E. 123RD STREET 1216 NORTH MIAMI, FL 33161 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0094015</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>JEREMIE, PAUL 1470 N.E. 123RD STREET SUITE 1216 NORTH MIAMI, FL 33161</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>U000000154491 05/04/04-80169-009 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE	TM		
NAME	JEREMIE, PAUL		
STREET ADDRESS	17890 WEST DIXIE HIGHWAY, #118		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL		
TITLE	S		
NAME	JEREMIE, MARGARETH		
STREET ADDRESS	1470 N.E. 123 ST., #1216		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</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: <b>MARGARETH JEREMIE</b> 		<b>04/29/04 (305) 893-3071</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			