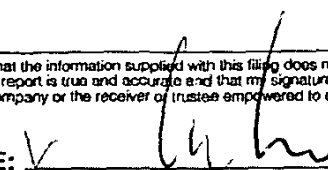


FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90028 005 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000098063			
1. Entity Name MIRASTAR, LLC			
Principal Place of Business 99 NESBIT STREET C/O DAID A. HOLMES PUNTA GORDA, FL 33950		Mailing Address P.O. BOX 472 QUEVEC, CANADA J0T2G0.	
2. Principal Place of Business		3. Mailing Address PO BOX 472	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST-FAUSTIN, QUEBEC	
Zip	Country	Zip	Country
		J0T 2G0	CANADA
4. FEI Number		Applied For	
20-4701949		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
☐		☐	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOLMES, DAVID A 99 NESBIT STREET FARR FARR EMERICH HACKETT AND CARR, P.A. PUNTA GORDA, FL 33950		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
MGR KELER, SUSANNE P.O. BOX 472 QUEBEC, CANADA J0T2G0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		APRIL 20, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
SUSANNE KELER, MANAGER			

60036546



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