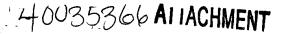
2006 FOR PROFIT CURPUR

FILED DOCUMENT #L21260 Mar 21, 2006 8:00 am Secretary of State 1. Entity Name TRIPLE STAR, INC. 03-21-2006 90027 011 ***150.00 Principal Place of Business Mailing Address 9819 S MILITARY TR 18999 BISCAYNE BLVD **BOYNTON BEACH, FL 33436** #205 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01182006 CR2E034 (11/05) City & State City & State 4. EEI Number Applied For 65-0146778 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHO, YU HING 18999 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) AVENTURA, FL 33180 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 SIGNATURE Squeaute, typed or printed name of registored agent and tide 4 applicable. (NOTE: Peoplered Apert supesure required when remaining DATE 9. Election Campaign Financing \$5.00 May Bo FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete TITLE ☐ Change ☐ Addition CHO, YU HING NAME NAME 9819 S. MILITARY TRAIL STREET ADORESS STREET ADDRESS. CITY-ST- DP BOYNTON BEACH, FL CITY-S1-Z#P TITLE ☐ Defete MILE ☐ Change ☐ Addition SIU. WALSH NAME NAME STREET ADDRESS 9819 S. MILITARY TR. STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-20 CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-AP Detete TITLE fft F ☐ Change ☐ Addition NAME STREET ADDRESS SUREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TRUE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-SI-7P TIRE ☐ Detete TITLE ☐ Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-2iP 12. Thereby 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 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: S Vu HING etto 02-07-06 CF60714-17-1



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2006

TRIPLE STAR, INC. 18999 BISCAYNE BLVD #205 AVENTURA, FL 33180

Subject: TRIPLE STAR, INC.

Reference Number:

L21260

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO:

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION