2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68920

FILED Apr 18, 2007 Secretary of State

Entity Name: NORTH/STARR INSURANCE, INC.

Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
6500 W. 4TH AVE.					
# 43 HIALEAH, F	FL 33012				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
6500 W. 4T # 43	H AVE.				
HIALEAH, F	FL 33012				
FEI Number:	65-0186021	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CASO, LUIS 15472 SW MIAMI, FL	151 ST				
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
	Electror	ic Signature of Registered Age	nt	Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CASO, LUIS S 15472 SW 151 MIAMI, FL 331		Title: (Name: Address: City-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS S. CASO P 04/18/2007