
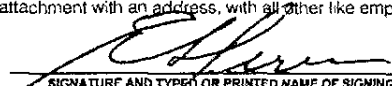


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M13445 1. Entity Name FLORIDA STAR INSURANCE AGENCY INC.		
Principal Place of Business C/O ESTRELLA LLERENA 2802 N.E. 2ND AVENUE MIAMI, FL 33137-4419	Mailing Address C/O ESTRELLA LLERENA 2802 N.E. 2ND AVENUE MIAMI, FL 33137-4419	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LLERENA, ESTRELLA 2802 N.E. 2ND AVENUE MIAMI, FL 33137		DO NOT WRITE IN THIS SPACE
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) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LLERENA, ESTRELLA 2800 N.E. 2ND AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LLERENA, ESTRELLA 2800 N.E. 2ND AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2519084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/04/06-80067-003 150.00

**DO NOT WRITE
IN THIS SPACE**

4-1906

Date

Daytime Phone #