2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2007 8:00 am DOCUMENT # N00000000458 Secretary of State 1. Entity Name 04-16-2007 90039 007 ****70.00 STAR FLAMING STAR #387, INC. Principal Place of Business Mailing Address 7134 NW 1ST AVE 7134 NW 1ST AVE MIAMI FL 33150 **MIAMI FL 33150** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0977961 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{M} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jean-Jacques MEDARD, GERARD ress (P.O. Box 7134 NW 1ST AVE MIAMI FL 33150 Miami 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 regist (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE T Delete TITLE JEANTY, Elie MARC Addition NAME. MEDARD, GERARD NAME 7134 NW 15 AVE STREET ADDRESS 7134 NW 1ST AVE STREET ADDRESS Miami FL 33150 CITY - ST- 7IP **MIAMI FL 33150** CHY-ST-ZIP HILE VD Delete DILE Addition NAME JEANTY, ELIE M NAME SAINVIL , SAINGELUS STREET ADDRESS STREET ADDRESS 7134 NW 1ST AVE 7134 CiTY_ST-7iF CITY-ST ZIP MIAMI FL 33150 iilte Tri Delere THE NAME NAMI JASMIN, JACQUES M JR TASMIN, JACQUES M.JN STREET ADDRESS STREET ADDRESS 7134 NW 1ST AVE 7134 NW CITY - ST- 7IE CHY-ST-7IP MIAMI FL 33150 TITLE ☐ Delete TITLE Change ☐ Addition SD William, PATRICK NAME NAME WILLIAM, PATRICK STREET ADDRESS 7134 NW 157 AVE STREET ADDRESS 7134 NW 1ST AVE CHY-ST-7IP CITY-ST 7IP MIAMI FL 33150 Miami HILE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP TITLE ☐ Delete DTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11

if changed, or on an all chment with an address, with all other like empowered.

SIGNATURE:

FILED

04-04-07 305-3188987