

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N02000009797

Entity Name: ASTAR CSC, INC.

Current Principal Place of Business:

1500 CORDOVA RD.
SUITE 200
FORT LAUDERDALE, FL 33326

New Principal Place of Business:

Current Mailing Address:

1304 SW 160TH AVE
PMB 631
FORT LAUDERDALE, FL 33326

New Mailing Address:

FEI Number: 42-1565034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, JEFFREY S
C/O MAY MEACHAM & DAVELL, P.A.
ONE FINANCIAL PLAZA, STE 2602
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: WOLTER, MARGARET
Address: 600 PALM BLVD
City-St-Zip: WESTON, FL 33326

Title: DT () Delete
Name: LEVINSON, MARY
Address: 1217 SE 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DV () Delete
Name: PARSON, CYNTHIA
Address: 440 NE 17TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: TROUP, ZORICA
Address: 1702 ROYAL GROVE WAY
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: HILL, LUCILLE
Address: 3210 NW 16TH ST
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROSE, HENRY
Address: 1304 SW 160TH AVE, SUITE 631
City-St-Zip: SUNRISE, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET S WOLTER

DIR

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date