


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90219 033 ****70.00

DOCUMENT # N03000008289 1. Entity Name ASTAAR, INC.					
Principal Place of Business 723 NW SPRUCE RIDGE DR STUART, FL 34994			Mailing Address 723 NW SPRUCE RIDGE DR STUART, FL 34994		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DVORAK, THOMAS W 50 S E KINDRED ST STE 107 STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Kenneth J Russell <input type="checkbox"/> Delete 4111 Barbarossa Ave Miami FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RANDALL L. Edwards <input type="checkbox"/> Delete 848 Crone Road Memphis Indiana 47143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ROBERT McIntosh <input type="checkbox"/> Delete 848 Crone Road Memphis Indiana 47143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Richard Jemison <input type="checkbox"/> Delete 1904 St Andrews Drive Palm City, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Faye Jemison <input type="checkbox"/> Delete 1904 St. Andrews Drive Palm City FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	JOAN Heart <input type="checkbox"/> Delete 723 Spruce Ridge Drive Stuart FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachment with an address, with all other like empowered.					
SIGNATURE: Joan Heart Joan Heart 4-25-04 772-631-5665					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

94073918



04202004 Chg-NP CR2E037 (10/03)