2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000000400

1. Entity Name
ALASKAN STAR INTERACTIVE MEDIA, INC.

Principal Place of Business	Mailing Address
405 ESPANOLA WAY #204 MIAMI BEACH, FL 33139	405 ESPANOLA WAY #204 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

02162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0970072	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, GONZALO
405 ESPANOLA WAY #204
MIAMI BEACH, FL 33139

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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! - FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000639702 02/28/07-80037-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MIRANDA, GONZALO MIGUEL
STREET ADDRESS	405 ESPANOLA WAY #204
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:_____   02-16-7 (305) 673-8676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #