FILED
Apr 16, 2004 8:00 am
Secretary of State
04-02-2004 90044 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068514

1. EntityName
INFOSTARCORPORATION

PrincipalPlaceofBusiness	MailingAddress
6991 NW 82 AVE, #4 MIAMI, FL 33166	~~76991 NW 82 AVE, #4~~ 6991 NW 82 Ave #4 MIAMI, FL 33166

2. PrincipalPlaceofBusiness	3. MailingAddress SAME AS
Suite,Apt.#,etc.	Suite,Apt.#,etc. Principal place
City&State	City&State of Business
Zip / Country	Zip / Country

03082004 Chg-P CR2E034(10/03)

4. FEINumber: 65-1025419 — AppliedFor / NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent
COSTO,ADRIAN
6991NW82AVE,#4
MIAMI,FL33166

7. NameandAddressofNewRegisteredAgent
Name
StreetAddress (P.O.BoxNumberisNotAcceptable)
City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ____________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ $5.00 MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COSTO,ADRIAN		NAME	
STREETADDRESS	6991NW82AVE,#4		STREETADDRESS	
CITY-ST-ZIP	MIAMI,FL33166		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREETADDRESS			STREETADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREETADDRESS			STREETADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREETADDRESS			STREETADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREETADDRESS			STREETADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREETADDRESS			STREETADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119 07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: ✓ [signature] ✓ 4/8/04
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR — Date — DaytimePhone