2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000098476

1. Entity Name
ALLIANCE STARS USA, INC.

Principal Place of Business	Mailing Address
1221 BRICKELL AVENUE #900 MIAMI, FL 33131	1221 BRICKELL AVENUE #900 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E084 (10/03)

4. FEI Number
65-1046637

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MISRA, DURGA
1221 BRICKELL AVENUE #900
MIAMI, FL 33131

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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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	HERZOG, MICHAEL G MD
STREET ADDRESS	6000 SW 64TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	HERZOG, MICHAEL G MD
STREET ADDRESS	6000 SW 64TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	COOD
NAME	MISRA, DURGA P
STREET ADDRESS	6000 SW 64TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	CCOD
NAME	BRUEMMER, HEINZ
STREET ADDRESS	EUROPA CNT., 130G, D-10789
CITY-ST-ZIP	BERLIN,
TITLE	D
NAME	SCHESTOPALEK, RICARDO
STREET ADDRESS	EUROPA CNT., 130G, D-10789
CITY-ST-ZIP	BERLIN,
TITLE	D
NAME	GUENETTE, PAUL
STREET ADDRESS	EUROPA CENTER, 130G
CITY-ST-ZIP	D-10789 BERLIN,

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05/04/04-80003-012 158.75

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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 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: D.P. Misra DURGA P. MISRA 4/30/04 (305) 347 5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #