2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State
06-07-2004 90007 020 ***550.00

DOCUMENT # P01000021876

1. Entity Name
STAR TRADING CORP.

Principal Place of Business	Mailing Address
7345 SAND LAKE RD 202 ORLANDO, FL 32819	7345 SAND LAKE RD 202 ORLANDO, FL 32819

03262003 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7345 SAND LAKE RD.		7345 SAND LAKE RD.	
Suite, Apt. #, etc. 228		Suite, Apt. #, etc. 228	
City & State ORLANDO FL		City & State ORLANDO FL.	
Zip 32819	Country	Zip 32819	Country

4. FEI Number 01-0728011 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORTIZ, ANTONIO 7345 SAND LAKE RD 202 ORLANDO, FL 32819	Name BERNARDINO J. VARGAS Street Address (P.O. Box Number is Not Acceptable) 7345 SAND LAKE RD STE. 228 City ORLANDO FL Zip Code 32819

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ORTIZ, ANTONIO 7345 SAND LAKE RD # 202 ORLANDO, FL 32819	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BERNARDINO J. VARGAS 7345 SAND LAKE RD STE 228 ORLANDO FL. 32819	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ORTIZ, ANTONIO 7345 SAND LAKE RD # 202 ORLANDO, FL 32819	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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: [signature] 06/01/04 (321) 436-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #