



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90010 047 \*\*\*150.00

<b>DOCUMENT # P01000028398</b> 1. Entity Name <b>CREDITSTAR CORPORATION</b>					
Principal Place of Business <b>1926 10TH AVE NORTH STE 400 LAKE WORTH, FL 33461</b>			Mailing Address <b>1926 10TH AVE NORTH STE 400 LAKE WORTH, FL 33461</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>44015354</b> 	
City & State		City & State		4. FEI Number <b>65-1085042</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARRA, OLGA E 1926 10TH AVE NORTH STE 400 LAKE WORTH, FL 33461</b>				7. Name and Address of New Registered Agent Name <b>Michael Bernstein</b> Street Address (P.O. Box Number is Not Acceptable) <b>1926 Tenth Avenue North, Suite 400</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33461</b>	
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 <u><i>Michael Bernstein</i></u> DATE <u>03/01/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP BERSTEIN, MICHAEL E <input type="checkbox"/> Delete 1926 10TH AVE NORTH STE 400 LAKE WORTH, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEPHEN J. SHAPIRO 1926 TENTH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete KASS, STEPHEN B 595 9TH ST. SANTA MONICA, CA 90402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHAPIRO, HONORA 1926 10TH AVE NORTH STE 400 LAKE WORTH, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <u><i>Michael Bernstein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/29/2004 561-540-6224 <small>Date Daytime Phone #</small>		

MICHAEL BERNSTEIN, EXECUTIVE VICE PRESIDENT