## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000035920  1. Entity Name Princes Pacco of Business STARS OF SOUTH MIAMI, INC.  Princes Pacco of Business Making Address Making		MENT # P010000359	920			FILEO		
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Country   Zip   Country   St. Applicable   St. Applicab	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07112006 Chg-P	CR2E034 (11/05)		
S. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name ERNESTO J. ANTON  Street Address (P.O. Box Number is Not Acceptable)  City MIAMI, FL 33155  Street Address (P.O. Box Number is Not Acceptable)  City MIAMI, FL 33155  Street Address (P.O. Box Number is Not Acceptable)  City MIAMI, FL 33178  8. The above named entity submits this statymony or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both in the State of Florida. I am familiar with, and accept the collapsions of registered agent, or both in the State of Florida. I am	City & Stat	ө	City & State	<u>-</u>		<del>  </del>	·	
FREEZISTAN, FRANK ESQ. 4100 RED ROAD SO. MIAMI, FL 33155  8. The above named entity submits fails stell-precision of registered spent and the stell-precision.    STANTURE	Zip	Country	Zip	Country	5. Certificate of Status Des	sired S8.75 Add	litional	
ERNESTO J. ANTON Stroid Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent		7. Name and Address of			
Stroot Addross (P.O. Box Number is Not Acceptable)  Stroot Addross (P.O. Box Number is Not Acceptable)  Stroot Addross (P.O. Box Number is Not Acceptable)  City MIAMI, FL 20.0036  8. The above named entity submit his staymans yor the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the boligations of registered agent, special agent.  ERNESTO J. ANTON 7/11/06  Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Added to Personal Address of Prices and Directors in 11  ITILE DPVS DPVS Debte TITLE ANTON, ERNESTO J NATON, ERNESTO J NATON, ERNESTO J NAME NAME STRET ADDRESS OTY-S1-JP NAME NAME NAME STRET ADDRESS OTY-S1-JP NAME NAME NAME STRET ADDRESS OTY-S1-JP NAME NAME NAME STRET ADDRESS OTY-S1-JP NAME NAME NAME					Name			
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SIGNATURE Department of registrone of profit or privated name of registrone of perivations. (NOTE: Registrated Aparts signature required when remotatoring)  DATE  Amended AR is \$61.25  9. Election Campaign Financing	8. The above	named entity submits this statement for the	the purpose of changing its r					
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10.	SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:				<del></del>	
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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 of execute this report as a 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 bither the empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPVS ANTON, ERNESTO J 11270 N.W. 64TH TERRACE MIAMI, FL 33178 T ANTON, ERNESTO J 11270 N.W. 64TH TERRACE	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		Change	Addition  Addition  Addition  Addition	
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ERNESTO J. ANTON PRES.

07/11/06