



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90041 020 \*\*\*150.00

<b>DOCUMENT # P01000035977</b> 1. Entity Name <b>EUROSTAR INT'L CORP.</b>					
Principal Place of Business <del>2658 NW 97TH AVE.</del> <del>MIAMI, FL 33172</del>				Mailing Address <del>2658 NW 97TH AVE.</del> <del>MIAMI, FL 33172</del>	
2. Principal Place of Business <b>7770 NW 46 STREET</b>		3. Mailing Address <b>7770 NW 46 STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>			
Zip <b>33166</b>		Country <b>USA</b>		4. FEI Number <b>65-1090723</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		03212005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CARDOSO, ANA I</b> <del>2658 NW 97TH AVE.</del> <del>MIAMI, FL 33172</del>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7777 NW 46 STREET</b>  City <b>MIAMI</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 <b>ANA CARDOSO</b>		DATE <b>03/21/2005</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD CARDOSO, ANA I 10130 NW 28TH TERRACE MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Brites, Antonio J 9908 COSTA DEL SOL BLVD MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <i>Ana Cardoso</i> <b>ANA CARDOSO</b> <b>03/21/2005</b> <b>305-639-2160</b>					