2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90042 027 ***150.00

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DOCUMENT # P01000036889

1. Entity Name
STAR REAL ESTATE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
19111 COLLINS AVE APT 2402 SUNNY ISLES BEACH, FL 33160	19111 COLLINS AVE APT 2402 SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02272004 Chg-P CR2E034 (10/03)

4. FEI Number: APPLIED FOR — X Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAMUI, ESTRELLA
19111 COLLINS AVE
NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name: Juan A. Figueroa, P.A., C.P.A.
Street Address (P.O. Box Number is Not Acceptable): 2701 S. Le Jeune Road, Suite 310
City: Coral Gables FL Zip Code: 33134

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: X [signature] X 2/26/04
Signature, typed or printed name of registered agent and title 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMUI, ESTRELLA 19111 COLLINS AVE NORTH MIAMI BEACH, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMUI, ESTRELLA 19111 Collins Avenue, Apt. 2402 ~~Sunny Isles Beach, Fl. 33160~~ XX Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] 03-08-2004 X 305 495 X 7276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #