

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90051 028 \*\*\*150.00

<b>DOCUMENT # P01000036889</b>					
<b>1. Entity Name</b> STAR REAL ESTATE INVESTMENTS, INC.					
<b>Principal Place of Business</b> 19111 COLLINS AVE APT 2402 SUNNY ISLES BEACH, FL 33160			<b>Mailing Address</b> 19111 COLLINS AVE APT 2402 SUNNY ISLES BEACH, FL 33160		
<b>2. Principal Place of Business</b> 10143 E. Bay Harbor Dr. Suite, Apt. #, etc. Apt. 9-A City & State Bay Harbor, Florida Zip 33154 Country USA		<b>3. Mailing Address</b> 10143 E. Bay Harbor Dr. Suite, Apt. #, etc. Apt. 9-A City & State Bay Harbor, Florida Zip 33154 Country USA			
<b>4. FEI Number</b> 65-1126236		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02082006 Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> FIGUEROA, JUAN A P.A. 2701 S. LE JEUNE ROAD, SUITE 310 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Figueroa, Juan A. P.A., C.P.A. Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Avenue, Suite 206 City Miami FL Zip Code 33131		
<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.</b> SIGNATURE <u>X</u> <u>X</u> <b>2-8-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <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	D HAMUI, ESTRELLA 19111 COLLINS AVE, APT. 2402 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>X</u>			<b>3-9-06</b> <u>305495</u> <u>7276</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		