
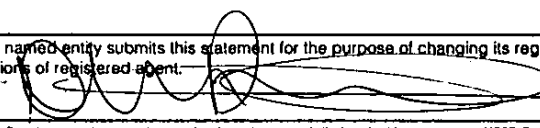
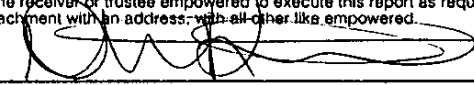


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90520 046 ***158.75

DOCUMENT # P01000041010					
1. Entity Name GOLDSTAR MORTGAGE AND INVESTMENTS, INC.					
Principal Place of Business 120 S. UNIVERSITY DR. SUITE A PLANTATION, FL 33324			Mailing Address 120 S. UNIVERSITY DR., STE A SUITE 106 PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address 120 S. University Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. A			
City & State		City & State Plantation, FL		4. FEI Number 65-1107467	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
33324		U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FALLON-REID, OLIVER M 1357 NW 123RD TERR PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name Falloon-Reid, Oliver M. Street Address (P.O. Box Number is Not Acceptable) 1357 NW 123rd Terrace City Pembroke Pines FL Zip Code 33324		
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  DATE 4/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D FALLOON-REID, OLIVER M 1357 NW 123RD TER. PEMBROKE PINES, FL 33026 <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	
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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: 			Date 4/19/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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