

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**

50045503



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**120 S. University Dr.
 Ste. A**

04132005 Chg-P CR2E034 (10/03)

City & State
Plantation, FL

Zip Country
33324 U.S.A.

4. FEI Number
65-1107467

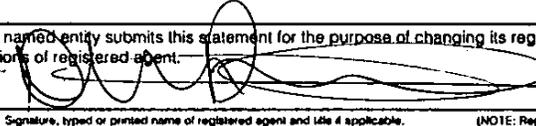
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FALLOON-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**

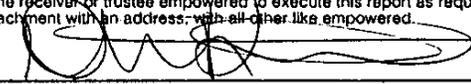
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 noted 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #