2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

FILED Mar 19, 2003 8:00 am Secretary of State

DOCUMENT #P01000099992 1. Entity Name SOFT STAR TECHNOLOGY, INC.								03-19-20	003 901	39 006 [:]	***150.00	
Principal Place of Business Mailing Address 3400 PINEWALK DRIVE NORTH SUITE 925 MARGATE, FL 33063 MARGATE, FL 33063												
2. Principal 9977	EW DRIVE											
Suite, Apri 128		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Sta	springs, Florida	City & State CORAL SPRING	City & State CORAL SPRINGS, FLORI			4. FEI Number 65-1150111				Applied For	bla	
Zip 33076	Country	Zip 33076	Count			Б . Ç	ertificate of Sta				Additional	nie
		7. Name and Address of New Registered Ag						Fee Req	uired	\dashv		
PITTER, CA	- Name											
7447 NORTH WEST 67TH STREET TAMARAC, FL 33319				Street Address (P.O. Box Number is Not Acceptable)							"	
				City	1800			"	F	Zip (Code	4
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												
1	FILE NOW!!! FEE IS \$150.00								CATE	•		_
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election (Trust Fun	Dampaign Fil d Contributio			5.00 May Be ded to Fees	
TITLE	OFFICERS AND I		11.		·-	ADD	ITIONS/CHAN	GES TO OFF	ICERS AN	÷ 1.		\exists_{\wedge}
NAME	CHER, ROLANDO F		TITLE		,					KI Chang	pe 🗌 Addition	50/0Z
STREET ADDRESS CITY-ST-ZIP	3400 PINEWALK DRIVE NORTH MARGATE, FL 33063	SUITE 925	STREET CITY-S	ADDRESS ot-zip	9977 CORAI	WESTVIEW DRIVE SUITE 12 L SPRINGS, FL 33076				128	8	
TITLE NAME		☐ Delete	TITLE NAME		VP	NA WAISBEIN					je 🔣 Additio	S S S S S S S S S S S S S S S S S S S
STREET ADDRESS CITY-ST-ZIP	SI			ADDRESS 1-21P	927 N	IORT	H WEST RINGS,	126th		CE		
TITLE NAME		☐ Delete	TITLE	···						☐ Chang	e 🔲 Additio	n n
STREET ADDRESS CITY-ST-2P			NAME STHEET City-s	ADDRESS T-ZIP								
TITLE NAME		☐ Delete	JULE				·			Change	e Additio	n
STREET ADDRESS			NAME Street	addr e ss								
CITY-ST-2P			CITY-S1							_		
TITLE NAME		☐ Delete	TITLE NAME							Change	Addition	n
STREET ADDRESS CITY-ST-ZIP			STREET. CITY-ST	address 1-21P								
TITLE NAME		☐ Delete	TITLE NAME		-	_		·		☐ Change	Addition	n
STREET ADDRESS		į	N	address								
12. Thereby or	ertify that the information europtical with the	his filing does not swelf if it	CITY-ST							***		
of the corp	ertify that the information supplied with to on this report or supplemental report is to oration or the receiver or trustee empower or on an attachment with an address, with	ered to execute this report as	e exemp signature required	ouon state e shall ha i by Char	ed in Section we the same oter 607, Fi	on 119 ne lega lorida :	.07(3)(i), Floridal al effect as if m Statutes; and t	la Statutes, t lade under o hat my name	further cer ath; that i : appears I	tify that the am an office n Block 10	information er or director or Block 11 if	

FED MARIE OF SIGNING OFFICER OR DIRECTOR

3/17/03

954-575-9134

Caylime Phone #