

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90074 016 ***150.00

DOCUMENT #	P01000100272	
1. Entity Name	LYNSTAR, INC.	

Principal Place of Business	Mailing Address
10200 NW 25 STREET UNIT 202	
MIAMI- FLORIDA 33172	

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

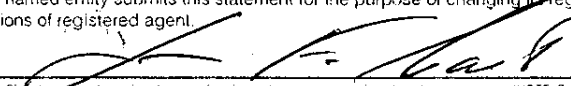


☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	65-1146260	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAST, LOUIS F	Name LOUIS F CAST
4805 NW 79 AVENUE	Street Address (P.O. Box Number is Not Acceptable) 4805 NW 79 AVENUE
SUITE 9	SUITE #9
MIAMI- FLORIDA 33166	City MIAMI FL Zip Code 33166

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.

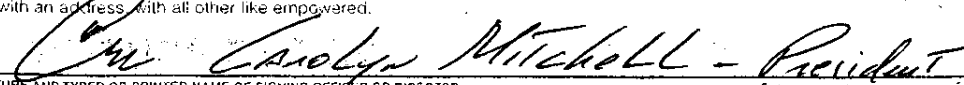
SIGNATURE  LOUIS F. CAST 4/21/04

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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE PUSTD	☒ Change ☐ Addition
NAME CAROLYN MITCHELL		NAME CAROLYN MITCHELL	
STREET ADDRESS 4805 NW 79 AVENUE #9		STREET ADDRESS 4805 NW 79 AVENUE #9	
CITY-ST-ZIP MIAMI- FLORIDA 33166		CITY-ST-ZIP MIAMI- FLORIDA 33166	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:  Carolyn Mitchell - President 4/21/04

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