

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100272

Entity Name: LYNSTAR, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

10200 NW 25 STREET  
UNIT 202  
MIAMI, FL 33172

## New Principal Place of Business:

8105 NW 29 STREET  
DORAL, FL 33122

## Current Mailing Address:

10200 NW 25 STREET  
UNIT 202  
MIAMI, FL 33172

## New Mailing Address:

8105 NW 29 STREET  
DORAL, FL 33122

FEI Number: 65-1146260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAST, LOUIS F  
4805 NW 79 AVE  
9  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

CAST, LOUIS F  
4805 NW 79 AVE  
9  
DORAL, FL 33166 US

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.

SIGNATURE: LOUIS F CAST

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: MITCHELL, CAROLYN  
Address: 4805 NW 79 AVENUE #9  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete  
Name: MITCHELL, CAROLYN  
Address: 4805 NW 79 AVENUE #9  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete  
Name: RICCOBON, GUSTAVO  
Address: 10200 NW 25 STREET, UNIT 202  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: MITCHELL, CAROLYN  
Address: 8105 NW 29 STREET  
City-St-Zip: DORAL, FL 33122

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN MITCHELL

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date