

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100272

Entity Name: LYNSTAR, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

8105 NW 29 STREET  
DORAL, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

8105 NW 29 STREET  
DORAL, FL 33122

**New Mailing Address:**

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  
DORAL, FL 33166 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PRES

04/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date