


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90230 008 ***150.00

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| DOCUMENT # P01000118994 | |  |
| 1. Entity Name STAR MARKETING USA, INC. | | |
| Principal Place of Business 1420 N ATLANTIC AVE #1503 DAYTONA BEACH, FL 32118 | | Mailing Address 1863 FOROUGH CIRCLE PORT ORANGE, FL 32124 |
| 2. Principal Place of Business 9070 LAKES BLVD Suite, Apt. #, etc. | 3. Mailing Address 9070 LAKES BLVD Suite, Apt. #, etc. | |
| City & State WEST PALM BEACH, FL Zip 33412 Country USA | City & State WEST PALM BEACH, FL Zip 33412 Country USA | |

94074493



04082004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 01-0549108 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent WALKER, RENEE L 1863 FOROUGH CIRCLE PORT ORANGE, FL 32124 | | 7. Name and Address of New Registered Agent Name MAURICIO, LEO J Street Address (P.O. Box Number is Not Acceptable) 9070 LAKES BLVD City WEST PALM BEACH FL Zip Code 33412 | |
|--|--|--|--|

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 Leo J. Mauricio LEO J. MAURICIO 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WALKER, RENEE L <input checked="" type="checkbox"/> Delete 600 JIMMY ANN DR., #1412 DAYTONA BEACH, FL 32114 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAURICIO, LEO J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9070 LAKES BLVD WEST PALM BEACH, FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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 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: Leo J. Mauricio LEO J. MAURICIO 4/26/04 561-622-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #