

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000009010**

1. Entity Name

TRI-STAR CUSTOM HOUSE BROKER, INC.



Principal Place of Business

8774 SW 8 STREET  
MIAMI FL 33174

Mailing Address

8774 SW 8 STREET  
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 02-0541930

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARI, MANUEL J ESQ  
250 BIRD ROAD SUITE 200  
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
RODRIGUEZ, JOYCE C  
8774 SW 8 STREET  
MIAMI FL 33174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U000000080364  
03/08/04-80105-023 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
BERLINGA, OSCAR  
8774 SW 8 STREET  
MIAMI FL 33174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOYCE RODRIGUEZ

03/05/04 3052233334