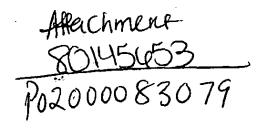
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P02000083079

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

SECRETARY OF STATE P02000083079 **DOCUMENT #** 03 SEP 25 PM 12: 12 1. Entity Name STARS COFFEE, CORP. Malling Address Principal Place of Business 11247 NW 47TH LANE 11247 NW 47TH LANE **MIAMI FL 33178** MIAMI FL 33178 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Number Not Applicable City & State City & State \$8.75 Additional 5. Certificate of Status Desired Country Fee Required 7lp Country 7. Name and Address of New Registered Agent Zip 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) MORON, DARWIN 11247 NW 47TH LANE Zip Code MIAMI FL 33178 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. e, (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable SIGNATURE \$5.00 May Be Election Campaign Financing FILE NOW!!! -FEE-IS \$550:00 Added to Fees Trust Fund Contribution. After September 10, 2003 Fee will be \$750.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Florida Department of State CR2E034 (4/03) Addition Change OFFICERS AND DIRECTORS TITLE 10. Delete NAME TOTA F GONZALEZ, CELSO STREET ADDRESS NAME 11247 NW 47TH LANE CITY-ST-ZIP STREET ADDRESS Addition Change MIAMI FL 33178 CITY-ST-ZIP. TITLE ☐ Delete NAME TITLE CABRERA, YOLANDA STREET ADDRESS NAME 11247 NW 47TH LANE CITY-ST-ZIP STREET ADDRESS Addition Change MIAMI FL 33178 CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS NAME CHY-ST-ZIP STREET ADDRESS Addition Change CITY-ST-ZP TITLE Delete NAME TITLE STREET ADORESS NAME CITY-ST-ZIP STREET ADDRESS Addition ☐ Change CITY-ST-ZIP ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS NAME 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. STREET ADDRESS CITY-ST-ZIF of the corporation or the rece changed, or on an attachme

SIGNATURE:



SEPTEMBER 4TH 2003'

TO: FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS

FEIN-56-2284905

HELLO, THE REASON OF THIS LETTER IS TO LET YOU KNOW THAT WE ARE SENDING PAYMENT FOR THE AMOUNT OF \$150 AS WE WERE SUPPOSED TO, I DON'T KNOW WHY YOU SAY THAT WE NEED TO PAY \$550.00, SINCE SO MANY MONTHS AGO I'VE BEEN CALLING YOU LETTING YOU KNOW THAT I NEVER RECEIVED THE UNIFORM BUSINESS REPORT, I SPOKE TO SOME OF YOUR REPRESENTATIVES AND EVERY TIME I CALLED THEY TOLD ME THAT THEY'LL SEND IT, I DON'T KNOW WHAT'S HAPPENING HERE BUT I TRY SO THAT THIS WOUN'T HAPPEN, IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME AT 305-591-8544.

SINCERELY YOURS