

AMENDED ANNUAL REPORT
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 11 AM 11:48

DOCUMENT # P02000089706

1. Entity Name

Six Stars, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11631 S.W. 100 Street Suite, Apt. #, etc.		3. Mailing Address 11631 S.W. 100 Street Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33176	Country USA	Zip 33176	Country USA
4. FEI Number 65-30 88995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Daniela Rizzetto	
Street Address (P.O. Box Number is Not Acceptable) 11631 S.W. 100 Street	
City Miami	Zip Code FL 33176

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.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is: \$150.00
After May 1 Fee is: \$550.00
Amended UBR is: \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Treasurer, Director Rizzetto, Daniela 11631 S.W. 100 Street Miami, Florida 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500016234335 04/18/03-01007-023 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President, Secretary, Director Rizzetto, Claudio 11631 S.W. 100 Street Miami, Florida 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/03

Date

(786) 306-5477

Daytime Phone

CR2E034B (12/01)