

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000099260 1. Entity Name GOLDSTAR ENTERTAINMENT, INC.					
Principal Place of Business 533 VERSAILLES DR. MAITLAND, FL 32751			Mailing Address 401 EAST HWY 436 CASSELBERRY, FL 32707		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-3897315	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RANDALL C 533 VERSAILLES DR. MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Amended AR is \$61.25		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	SD VOEGLIN, NANCY 401 E HWY 436 CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEIGLE, CHARLES 401 EAST HWY 436 CASSELBERRY FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <i>Charles Veigle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/13/04 <small>Date</small>		
407-767-2977 <small>Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Chg-P

CR2E034 (10/03)

MRS

4. FEI Number
22-3897315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RANDALL C
533 VERSAILLES DR.
MAITLAND, FL 32751

Name

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

City

FL

Zip Code

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\$5.00 May Be Added to Fees

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VOEGLIN, NANCY
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CASSELBERRY, FL 32707

☒ Delete

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CITY-ST-ZIP

D
VEIGLE, CHARLES
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CASSELBERRY FL 32707

☐ Change

☒ Addition

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SIGNATURE

Charles Veigle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04

407-767-2977

Daytime Phone #