

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90002 041 ***150.00



DOCUMENT # P03000033974
 1. Entity Name
STAR NURSERY, INC.

Principal Place of Business **1200 BRICKELL AVENUE SUITE 1720 MIAMI, FL 33131** *changed*
 Mailing Address **1200 BRICKELL AVENUE SUITE 1720 MIAMI, FL 33131**

2. Principal Place of Business **22075 SW 134 Avenue**
 Suite, Apt. #, etc.
 3. Mailing Address **22075 SW 134 AV**
 Suite, Apt. #, etc.

City & State **Miami, FL**
 Zip **33170** Country **USA**
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 Zip **33170** Country **USA**

07152004 Chg-P CR2E034 (10/03)
 4. FEI Number **01-0795951** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ZUCKER, MARIA T
~~1200 BRICKELL AVENUE SUITE 1720 MIAMI, FL 33131~~

7. Name and Address of New Registered Agent
 Name **Zucker Maria T**
 Street Address (P.O. Box Number is Not Acceptable) **1111 Brickell Avenue suite 2150**
 City **Miami, FL** Zip Code **33170**

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALLACE, MILTON J 1200 BRICKELL AVENUE SUTIE 1720 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition wallace, milton j 1111 brickell Avenue suite 2150 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition santamaria, rafael A. 19600 SW 194 AVENUE Miami, FL 33187
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"/> Change <input type="checkbox"/> Addition
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"/> 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RAFAEL SANTAMARIA