

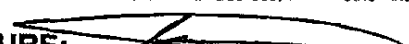


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90435 023 \*\*\*100.00  
05-13-2004 90014 009 \*\*\*\*50.00

<b>DOCUMENT # P03000040188</b>			
1. Entity Name <b>NORTH STAR VANLINES INC</b>			
Principal Place of Business <del>12870 VISTA ISLE DR</del> <del>512</del> <del>SUNRISE FL 33325</del>		Mailing Address <del>12870 VISTA ISLE DR</del> <del>512</del> <del>SUNRISE FL 33325</del>	
2. Principal Place of Business <b>4566 N. MIATIOS RD</b>		3. Mailing Address <b>4566 N MIATIOS RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SUNRISE FL</b>		City & State <b>SUNRISE FL</b>	
Zip <b>33351</b>	Country <b>USA</b>	Zip <b>33351</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>TWEG, SHALOM S</b> <b>11033 NW 8TH CT</b> <b>PLANTATION FL 33324</b>		4. FEI Number <b>06-1688272</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)		<b>9999 SUMMERBREEZE DR #916</b>	
City		<b>SUNRISE FL</b>	
		Zip Code <b>33322</b>	
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 		DATE <b>4/21/04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		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	<b>P SHARON TWEG</b> <b>9999 SUMMERBREEZE DR. #916</b> <b>SUNRISE FL 33322</b>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		Date <b>4/21/04</b> (954) 742-7313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	