


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 034 ***150.00


DOCUMENT # P03000052958	
1. Entity Name TRISTAR LIGHTNING PROTECTION, INC.	

Principal Place of Business 344 SOUTHEAST 11 AVENUE 9 POMPANO BEACH, FL 33060	Mailing Address 344 SOUTHEAST 11 AVENUE 9 POMPANO BEACH, FL 33060
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2. Principal Place of Business 3301 SPANISH MOSS TERR Suite, Apt. #, etc. Suite 407	3. Mailing Address PO Box 611492 Suite, Apt. #, etc.
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City & State Lauderhill, FL	City & State Pompano, FL
Zip 33319	Zip 33061

24672167

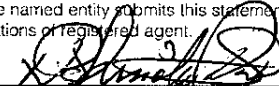


03132004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0022043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NOEL, JASON 344 SOUTHEAST 11 AVENUE 9 POMPANO BEACH, FL 33060	7. Name and Address of New Registered Agent Name: SATOYA AMOS Street Address (P.O. Box Number is Not Acceptable): 5185 NE 19 AVE City: Pompano FL Zip Code: 33068
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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 the obligations of the registered agent.

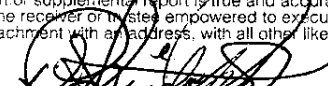
SIGNATURE:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOEL, JASON 344 SOUTHEAST 11 AVENUE 9 POMPANO BEACH, FL 33060 <input checked="" 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	V AMOS, PHINOLA 3301 SPANISH MOSS TERR #407 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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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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

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 recorder 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: 4-28-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR