2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053041

Name:

Address:

City-St-Zip:

IVANOVA, MARÍA

319 NE 14TH AVE., #707

HALLANDALE, FL 33009

Entity Name: STARS COMPLITER CONSULTING INC.

FILED Mar 12, 2004 Secretary of State

		COM CTER CONCOLING, II	10.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2420 NE 2 MIAMI, FL	209 TERRACE 33180 US				
Current Mailing Address:			New Mailing Address:		
2420 NE 2 MIAMI, FL	209 TERRACE 33180 US				
FEI Number	: 86-1065361	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2025 NE 1 MIAMI, FL The above in the State	e named entity e of Florida.	<u>=</u> 3	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (VELTCHEV, S 2420 NE 209 MIAMI, FL 33	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (MITZOV, MITZ 2420 NE 209 MIAMI, FL 33	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP (X) Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SVETOSLAV VELTCHEV P 03/12/2004