2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 28, 2005 8:00 am
Secretary of State

02-10-2005 90046 049 ***150.00

DOCUMENT # P03000067878

1. Entity Name
SUPERSTAR CORPORATE SERVICES, INC.

66007504

Principal Place of Business	Mailing Address
~~2700 WEST ATLANTIC BOULEVARD 200-44 POMPANO BEACH, FL 33069 US~~	~~2700 WEST ATLANTIC BOULEVARD 200-44 POMPANO BEACH, FL 33069 US~~

01282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1951 N. PINE ISLAND	1951 N. PINE ISLAND
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA.

4. FEI Number ~~APPLIED FOR~~ 57-1171795 ☐ 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
JEFFREY E. CAMPION, PA 1730 MAIN STREET 216 WESTON, FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ACEVES CARAZA, DANIEL 2700 WEST ATLANTIC BOULEVARD, SUITE 200-44 POMPANO BEACH, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEVES MONTEON, DANIEL 2700 WEST ATLANTIC BOULEVARD, SUITE 200-44 POMPANO BEACH, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Daniel Aceves C 020205 9546320577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #