2006 FOR PROFIT CORPORATION

Mar 13, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P03000067878 03-13-2006 90085 017 ***150.00 1. Entity Name SUPERSTAR CORPORATE SERVICES, INC. Principal Place of Business Mailing Address 1951 N PINE ISLAND 1951 N PINE ISLAND 50002310 PLANTATION, FL 33322 PLANTATION, FL 33322 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 57-1171795 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEFFREY E. CAMPION, PA Street Address (P.O. Box Number is Not Acceptable) 1730 MAIN STREET 216 WESTON, FL 33326 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition TITLE ☐ Delete NAME ACEVES CARAZA, DANIEL NAME 1951 N. PIUE ISLAND IZD STREET ADDRESS 2700 WEST ATLANTIC BOULEVARD, SUITE 200-44 STREET ADDRESS CITY-ST-ZIP PLANTATION FL. 33322 CITY-ST-ZIP POMPANO BEACH, FL 33069 TITLE Change ☐ Addition TITLE ☐ Delete ACEVES MONTEON, DANIEL NAME 1951 N. PINE TSLAND 170 STREET ADDRESS 2700 WEST ATLANTIC BOULEVARD, SUITE 200-44 STREET ADDRESS CITY-ST-ZIP PLANTATION FL. 33322 POMPANO BEACH, FL 33069 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET AODRESS

CITY-ST-ZIP

4N/A 10345 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED