FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -1 PM 12:20

DOCUMENT # P03000072952

1. Entity Name

F.S. Cooporation Future Stars

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05

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2. Principal Place of Business	3. Mailing Address
13876 SW 56th St	
Suite, Apt. #, etc. #354	Suite, Apt. #, etc.
City & State Miami, Fl	City & State
Zip 33175 Country U.S	Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Aimara N. Betancourt

Street Address (P.O. Box Number is Not Acceptable)

13876 SW 56th st #354

City: Miami FL Zip Code: 33175

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: _____ 500061956685 12/06/05--01033--003 **150.00

(Signature, both or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Aimara Betancourt
STREET ADDRESS	13876 SW 56th St, #354
CITY-ST-ZIP	Miami, Fl 33175 U.S
TITLE	V
NAME	Edgar Paredes
STREET ADDRESS	13876 SW 56th St #354
CITY-ST-ZIP	Miami FL 33175
TITLE	S
NAME	Randy A. Paredes
STREET ADDRESS	13876 SW 56 ST #354
CITY-ST-ZIP	Miami FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Aimara Betancourt

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Federal Form 8

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2005 or any other notice from the Division of Corporations in respect with the Corporation, **F.S. CORPORATION FUTURE STARS.**

Thank you for your courtesy in this matter.

AIMARA N. BETANCOURT
PRESIDENT