

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90275 035 \*\*\*158.75

<b>DOCUMENT # P03000077741</b>					
<b>1. Entity Name</b> 7 STARS TRADE CORPORATION					
<b>Principal Place of Business</b> 1725 MAIN STREET SUITE 209 WESTON, FL 33326			<b>Mailing Address</b> 1725 MAIN STREET SUITE 209 WESTON, FL 33326		
<b>2. Principal Place of Business</b> 15970 W State Rd 84 Suite, Apt. #, etc. No. 212.		<b>3. Mailing Address</b> 15970 W State Rd 84 Suite, Apt. #, etc. No 212		04202004    Chg-P    CR2E034 (10/03)	
City & State WESTON, FL		City & State WESTON, FL		<b>4. FEI Number</b> 04-3767300	
Zip    Country 33326    USA		Zip    Country 33326    USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> TOVAR, OLEANA A ESQ. 1725 MAIN STREET SUITE 209 WESTON, FL 33326			<b>7. Name and Address of New Registered Agent</b>		
Name JUAN F HOMEZ Street Address (P.O. Box Number is Not Acceptable) 15970 W. State Road 84 #212 City WESTON    FL    Zip Code 33326			Name		
			Street Address		
			City		
<b>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.</b> SIGNATURE:  Homez/JUAN    DATE: 04/20/2004					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOMEZ, JUAN 1725 MAIN STREET SUITE 209 WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	15970 W State Road 84 #212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HOMEZ, MICHELLE S 1725 MAIN STREET SUITE 209 WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	15970 W State Road 84 #212 <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	
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	
<b>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 attached sheet with an address with all other like empowered.</b>					
<b>SIGNATURE:</b>			JUAN HOMEZ    04/20/2004    754-2042488		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		