


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90478 006 ***150.00

DOCUMENT # P03000077741 1. Entity Name 7 STARS TRADE CORPORATION					
Principal Place of Business 1725 MAIN STREET SUITE 209 WESTON, FL 33326			Mailing Address 1725 MAIN STREET SUITE 209 WESTON, FL 33326		
2. Principal Place of Business 15970 W STATE ROAD 84 Suite, Apt. #, etc. #212		3. Mailing Address 15970 W STATE ROAD 84 Suite, Apt. #, etc. #212			
City & State WESTON, FL		City & State WESTON, FL			
Zip 33326	Country USA	Zip 33326	Country USA		
4. FEI Number			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TOVAR, OLEANA A ESQ. 1725 MAIN STREET SUITE 209 WESTON, FL 33326			7. Name and Address of New Registered Agent Name JUAN HOMEZ Street Address (P.O. Box Number is Not Acceptable) 15970 W STATE ROAD 84 #212 City WESTON FL 33326		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD HOMEZ, JUAN <input type="checkbox"/> Delete 1725 MAIN STREET SUITE 209 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOMEZ JUAN 15970 W STATE ROAD 84 #212 WESTON FL, 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HOMEZ, MICHELLE S <input type="checkbox"/> Delete 1725 MAIN STREET SUITE 209 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOMEZ MICHELLE S 15970 W STATE ROAD 84 #212 WESTON FL, 33326	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date APR 28, 2005 Daytime Phone # 774-204-2488		