

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081199

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: TRI STAR AUTO BROKERS, INC.

## Current Principal Place of Business:

2401 NW 69 ST  
MIAMI, FL 33147

## New Principal Place of Business:

## Current Mailing Address:

7565 BRIAR CLIFF CIR  
LAKE WORTH, FL 33467

## New Mailing Address:

FEI Number: 65-1198350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LUCHESE, JOSEPH F MR.  
Address: 2401 NW 69 ST  
City-St-Zip: MIAMI, FL 33147

Title: PRES ( ) Delete  
Name: LUCHESE, JOSEPH F  
Address: 7565 BRIAR CLIFF CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete  
Name: LUCHESE, JOSEPH P MR.  
Address: 9840 SW 103 ST.  
City-St-Zip: MIAMI, FL 33176 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F. LUCHESE

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date