

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90043 005 ***150.00

DOCUMENT # P03000081883

1. Entity Name
KEOSTAR GROUP, INC.



Principal Place of Business
**301 N. CATTLEMEN ROAD
SUITE 205
SARASOTA, FL 34232**

Mailing Address
**301 N. CATTLEMEN ROAD
SUITE 205
SARASOTA, FL 34232**

94028496



2. Principal Place of Business

407 LINCOLN ROAD

Suite, Apt. #, etc.

SUITE # 6N

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Address

407 LINCOLN ROAD

Suite, Apt. #, etc.

SUITE # 6N

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

02252004

Chg-P

CR2E034 (10/03)

4. FEI Number

55-0848934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHORTT, KERRI
301 N. CATTLEMEN ROAD
SUITE 205
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name **SHORTT, KERRI**

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

407 LINCOLN ROAD

SUITE # 6N

City

MIAMI BEACH

FL

Zip Code

33139

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

K. Shortt

KERRI SHORTT

10-MAR-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SHORTT, KERRI**
STREET ADDRESS **301 N. CATTLEMEN ROAD SUITE 205**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **V** ☐ Delete
NAME **ORRIS, MICHAEL**
STREET ADDRESS **301 N. CATTLEMEN ROAD SUITE 205**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **SHORTT, KERRI**
STREET ADDRESS **407 LINCOLN ROAD SUITE # 6N**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **V** ☒ Change ☐ Addition
NAME **ORRIS, MICHAEL**
STREET ADDRESS **407 LINCOLN ROAD SUITE # 6N**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

K. Shortt

KERRI SHORTT

10-MAR-04

305-538-370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #