

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90036 003 ***158.00

DOCUMENT # P03000087860

1. Entity Name
STAR KEYSTON CORP.



Principal Place of Business
**37 WEST 11TH STREET
UNIT 202
HIALEAH, FL 33010**

Mailing Address
**37 WEST 11TH STREET
UNIT 202
HIALEAH, FL 33010**

54013498



2. Principal Place of Business
**305 N.W. 72ND AVE
Suite, Apt. #, etc. 202
City & State MIAMI, FL
Zip 33126- Country U.S.**

3. Mailing Address
**4501 PALM AVE
Suite, Apt. #, etc. 104
City & State HIALEAH, FL
Zip 33012-4010 Country U.S.**

02252004 Chg-P CR2E034 (10/03)

4. FEI Number **52-1181416** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOBATO, ADRIAN
37 WEST 11TH STREET
UNIT 202
HIALEAH, FL 33010**

7. Name and Address of New Registered Agent
Name **RODRIGUEZ & URIARTE TAX SERV.**
Street Address (P.O. Box Number is Not Acceptable)
**4501 PALM AVE
SUITE # 104
City HIALEAH FL Zip Code 33012-4010**

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 *Mario Rodriguez* DATE **02/26/2004**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	D LOBATO, ADRIAN 37 WEST 11TH STREET UNIT 202 HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LUIS E <input type="checkbox"/> Delete 305 N.W. 72ND AVE APT. # 202 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN LUIS ENRIQUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 305 N.W. 72ND AVE APT. 202 MIAMI FL 33126-4380
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Luis E MARTIN* DATE **02/28/04** (305) 970-6183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #