## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with

SIGNATURE AND

SIGNATURE:

## May 24, 2004 8:00 am Secretary of State DOCUMENT # P03000089314 1. Entity Name 05-24-2004 90010 020 \*\*\*150.00 STARLITE USA INC. Principal Place of Business Mailing Address 1054 KANE CONCOURSE 1054 KANE CONCOURSE BAY HARBOR, FL 33154 BAY HARBOR, FL 33154 3. Mailing Address incipal Place of Business 4400 SW 16047 Ave. 100 SW 1160 Suite, Apt. #, etc. 03132003 Chg-P CR2E034 (10/03) 100 Applied For 4. FEI Number ivamoir Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAWH, SALLY N ESQ. Street Address (P.O. Box Number is Not Acceptable) 1054 KANE CONCOURSE BAY HARBOR, FL 33154 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Addition TITLE ☐ Delete intermenative, Ralph LUTCHMENARINE, RALPH NAME NAME 1054 KANE CONCOURSE STREET ADDRESS 4400 SW 160th Ane 16021 STREET ADDRESS CITY-ST-ZIP BAY HARBOR, FL 33154 CITY-ST-ZIP mar TITLE ☐ Delete TIBE Lutchmenarine, sandru 44001 LUTCHMENARINE, SANDRA NAME NAME STREET ADDRESS 1054 KANE CONCOURSE STREET ADDRESS CITY-ST-ZIP BAY HARBOR, FL 33154 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITI F ☐ Channe ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetes appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

attachment

14022853 # P030000 89314

STARLITE USA, INC. 4400 SW 160<sup>TH</sup> AVENUE SUITE 1021 MIRAMAR, FL 33027

May 19, 2004

Department of State Division of Corporations

To whom it may concern,

Please be advised that we did not receive the 2004 UB Report, I have made the change of address in order to get proper mailing.

Should you have any questions or comments please do not hesitate to contact me at (954) 829-6498.

Cordially, STARLITE USA, INC.