


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90184 002 ***150.00

DOCUMENT # P03000102264	
1. Entity Name DAVIE STAR, INC.	

Principal Place of Business 7110 STIRLING ROAD DAVIE FL 33024 US	Mailing Address 6232 FUNSTON STREET # 3 HOLLYWOOD FL 33023
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2. Principal Place of Business	3. Mailing Address 7110 Stirling Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Hollywood Fl
Zip	Zip 33024
Country	Country Broward



MOORE CR2E034 (11/03)

4. FEI Number 20-0254186	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 QURESHI, ARSLAN A 7110 STIRLING ROAD DAVIE FL 33024

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME ARSLAN A QURESHI	
STREET ADDRESS 6232 FUNSTON STREET	
CITY-ST-ZIP HOLLYWOOD FL 33023	
TITLE VP	<input type="checkbox"/> Delete
NAME SYED NADEEM AKHTAR	
STREET ADDRESS 6232 FUNSTON STREET #3	
CITY-ST-ZIP HOLLYWOOD FL 33023	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYED NADEEM AKHTAR	
STREET ADDRESS 3777 NW 78 AVE # 6F	
CITY-ST-ZIP Hollywood Fl 33024	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARSLAN A Qureshi	
STREET ADDRESS 6232 Funston Street	
CITY-ST-ZIP Hollywood Fl 33023	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **5.3.4 9543946959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #