


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000109221	
1. Entity Name TV STAR SATELLITE, CORP.	

Principal Place of Business 7837 NW 72ND AVENUE MEDLEY, FL 33166	Mailing Address 7837 NW 72ND AVENUE MEDLEY, FL 33166
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03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0463072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SILVA, ALVARO 7837 NW 72ND AVENUE MEDLEY, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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 X ALVARO SILVA DATE 03/02/06
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, 2006 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 SILVA, ALVARO 7837 NW 72ND AVENUE MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FIGUEROA, LEONARDO S 7837 NW 72ND AVENUE MEDLEY, FL 33166
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03/21/06-90025-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X ALVARO SILVA DATE 03/02/06 786.718-4366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #