3/16/

FILED
Apr 22, 2004 8:00 am
Secretary of State
03-16-2004 90019 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114861

1. Entity Name
STAR REAL ESTATE MANAGEMENT & INVESTMENT CORP.

66414042

Principal Place of Business	Mailing Address
8500 SW 8 ST., STE. 252 MIAMI, FL 33144	8500 SW 8 ST., STE. 252 MIAMI, FL 33144

03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1221504. ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SYGMAN, FORREST ESQ. 8603 S. DIXIE HWY., STE. 303 MIAMI, FL 33143	Name Emily E. Coello Street Address (P.O. Box Number is Not Acceptable) 1424 SW 92 Place City Miami FL Zip Code 33174

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: Emily E. Coello. 3/10/04.
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST ECHAWARRIA, EMILY 8500 SW 8 ST., STE. 252 MIAMI, FL 33144	☐ Delete	PVST EMILY E. Coello 1424 SW 92 Place Miami, FL 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECHAWARRIA, EMILY 8500 SW 8 ST., STE. 252 MIAMI, FL 33144	☒ Delete	D Stuart W. Henry 1416 NW 5 Ave Miami, FL 33168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Emily E. Coello. 3/10/04.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #