2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90279 029 ***158.75

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1. Entity Name
PROSTAR, INC.

Principal Place of Business	Mailing Address
1235 ALTON RD STE 3 MIAMI BCH, FL 33139	1235 ALTON RD STE 3 MIAMI BCH, FL 33139

2. Principal Place of Business	3. Mailing Address
9600 NW 25th Street	9600 NW 25th Street
Suite, Apt. #, etc. Suite G-5	Suite, Apt. #, etc. Suite G-5
City & State Miami FL	City & State Miami FL
Zip 33172 Country	Zip 33172 Country

02282005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0672154 — 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
DA SILVA, PEDRO J ~~1235 ALTON RD STE 3~~ 9600 NW 25 Street Suite G-5 ~~MIAMI BCH, FL 33139~~ Miami FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City 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 X
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, 2005 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	PS DA SILVA, PEDRO J 1235 ALTON RD STE 3 MIAMI BCH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Pedro J DA Silva 9600 NW 25 Street Suite G-5 Miami FL 33172 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #