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Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90255 020 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000055606

1. Entity Name
FENSKE AND PAGE STAR INTERNATIONAL INC.

20044881

Principal Place of Business
1705 W ATKINSON ST
TAMPA, FL 33604

Mailing Address
1705 W ATKINSON ST
TAMPA, FL 33604

04052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 1705 W. Atkinson St
Suite, Apt. #, etc.: Rear Office
City & State: Tampa Fla
Zip: 33604 Country: Hillsborough

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-361-7696 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PACKARD, BARBARA P
1705 W ATKINSON ST
TAMPA, FL 33604

7. Name and Address of New Registered Agent
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: Barbara P Packard 4-13-05
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PACKARD, BARBARA	NAME	
STREET ADDRESS	1705 W ATKINSON ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33604	CITY-ST-ZIP	
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PAGE, RICARDO J	NAME	
STREET ADDRESS	11 N 5TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MAYWOOD, IL 60153	CITY-ST-ZIP	
TITLE	CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FENSKE, PAUL E	NAME	
STREET ADDRESS	11 N 5TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MAYWOOD, IL 60153	CITY-ST-ZIP	
TITLE	☐ 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	
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 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: Barbara P Packard 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #