2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 08:00 AM Secretary of State

DOCUMENT # P0400 t. Entity Name FOUR STAR CORPORATE C		
Principal Place of Business 8271 PEMBROKE ROAD	Mailing Address ONE EAST BROWARD BLVD	
BLDG 76 PEMBROKE PINES, FL 33025	Suite 1501 Fort Lauderdale, FL 33301	

PEMBROKE P	ABROKE PINES, FL 33025 FORT LAUDERDALE, FL 3330T							
DO NOT WRITE IN THIS SPACE			02022006 No Chg-P					
8. Name and Address of Current Registered Agent								
GRUMER, KEITH T ONE EAST BROWARD BLVD SUITE 1501 FT. LAUDERDALE, FL 33301			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 Fiorida I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered again and this is applicable. (NOTE Registered Again signature required when reinalishing) DATE								
FILE NOWIII FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			5.00 May Be dded to Fees	03/09/06 03/09/06	1449658 -80060-025	150.00		
10.	OFFICERS AND DIREC	TORS	I				•	
TIFLE NAME SITTET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	P/D STOLAR, TOBY 21249 HARROW COURT BOCA RATON, FL 33433 VP/D KOPLOW, JEFF 8271 PEMBROKE ROAD							

PEMBROKE PINES, FL 33025 NAME STREET ADDRESS DO NOT WRITE CITY-\$7-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Statutesr and that my name appears in Black 10 or Black 11 if changed, or on an attachment my name appears in Black 10 or Black 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-06

Daytime Phone #