

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90007 021 \*\*\*163.75

<b>DOCUMENT # P04000092842</b>					
<b>1. Entity Name</b> SOUTH STAR TOURS, INC.					
<b>Principal Place of Business</b> 544 N.W. 96TH ST. MIAMI, FL 33150			<b>Mailing Address</b> 544 N.W. 96TH ST. MIAMI, FL 33150		
<b>2. Principal Place of Business</b> 9120 N.W. 13 Ct.		<b>3. Mailing Address</b> 9120 N.W. 13 Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 42-1634264	
<b>Zip</b> 33147		<b>Country</b> U.S.		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> CATALINI, EDUARDO R SR. 544 N.W. 96TH ST. MIAMI, FL 33150			<b>7. Name and Address of New Registered Agent</b> Name: CATALINI, EDUARDO R SR Street Address (P.O. Box Number is Not Acceptable): 9120 N.W. 13 Ct. City: Miami, FL Zip Code: 33147		
<b>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.</b> SIGNATURE: <u>EDUARDO R. CATALINI, President</u> DATE: <u>7-13-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATALINI, EDUARDO R SR. 544 N.W. 96TH ST. MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATALINI, EDUARDO R SR 9120 N.W. 13 Ct. Miami, FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>EDUARDO R. CATALINI</u> <u>7-13-2006</u> <u>(305) 332-4179</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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