

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90312 002 \*\*\*150.00

**DOCUMENT # P04000105415**

1. Entity Name  
**TOP STAR ENTERPRISES, INC.**



40000000

Principal Place of Business  
**2901 N DALE MABRY HWY  
#1203  
TAMPA, FL 33607 US**

Mailing Address  
**2901 N DALE MABRY HWY  
#1203  
TAMPA, FL 33607 US**



2. Principal Place of Business  
**2908 N. BAUNBARY BLVD**

3. Mailing Address  
**2901 N. DALE MABRY HWY**

Suite, Apt. #, etc.  
**#703**

04202005 Chg-P CR2E034 (10/03)

City & State  
**MADISON AFB FL**

City & State  
**TAMPA, FL**

Zip  
**33621**

Country  
**USA**

Zip  
**33607**

Country  
**USA**

4. FEI Number  
**20-1414837**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**LWIN, AUNG SOE  
2901 N DALE MABRY HWY  
#1203  
TAMPA, FL 33607**

7. Name and Address of New Registered Agent  
Name  
**LWIN AUNG SOE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2901 N. DALE MABRY HWY  
#703**  
City  
**TAMPA** FL Zip Code  
**33607**

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 \_\_\_\_\_  
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LWIN, AUNG SOE		NAME		
STREET ADDRESS	2901 N DALE MABRY HWY #1203		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: Amy Soe Lwin **ALWIN SOE LWIN 4/25/05 8139288582**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #