

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 042 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # <u>P04000134749</u>		
1. Entity Name <u>A-1 GOLD STAR INVESTMENTS, INC.</u>		
Principal Place of Business <u>635 8th STREET #108</u> <u>MIAMI BEACH, FLORIDA</u> <u>33139</u>		Mailing Address <u>635 8th STREET #108</u> <u>MIAMI BEACH, FLORIDA</u> <u>33139</u>
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent <u>ARTHUR J. SCHULTZ</u> <u>635 8th STREET #108</u> <u>MIAMI BEACH, FLORIDA 33139</u>		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: <u>ARTHUR J. SCHULTZ - VP</u> DATE: <u>4/22/05</u> Signature typed on consent name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
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	VP ARTHUR J. SCHULTZ 635 8th STREET - #108 MIAMI BEACH, FL. 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDRO A. ZUNIGA 635 8th STREET - #108 MIAMI BEACH, FL. 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-5 ROCHELLE SCHULTZ 635 8th STREET - #108 MIAMI BEACH, FL. 33139 ☐ 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
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 that address, with all other like empowered.		
SIGNATURE: <u>PEDRO A. ZUNIGA - P</u> DATE: <u>4/22/05</u> DAYTIME PHONE: <u>(305) 531-4466</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		