

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136243

Entity Name: AMERISTARS, INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

3330 NW 23RD CT.
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

3330 NW 23RD CT.
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 20-1693101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINFIL, JEAN L
5201 SW 6TH PLACE
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CEANT, ELANDIEU
Address: 3330 NW 23RD CT
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: VP () Delete
Name: TELSANT, WILNEL
Address: 4995 SW 8TH STREET
City-St-Zip: MARGATE, FL 33068 US

Title: SEC () Delete
Name: OCTAVE, CEREMY
Address: 3330 NW 23RD CT
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: TREA () Delete
Name: STINFIL, JEAN L
Address: 5201 SW 6TH PLACE
City-St-Zip: MARGATE, FL 33068 US

Title: A.S. () Delete
Name: BIEN-AIME, ALIX
Address: 720 NE 45TH CT.
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: D () Delete
Name: CIMERA, DIEUJUSTE
Address: 1214 SW 81ST TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIEN-AIME, ALIX

A.S.

02/21/2005

Electronic Signature of Signing Officer or Director

Date