2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 19, 2007
Secretary of State

DOCUMENT# P04000136243

Entity Name: AMERISTARS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

337-341 SOUTH STATE RD. 7
MARGATE, FL 33068 US

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 (X)**

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

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: OGE, CEANT
Address: 4660 NE 1ST. AVENUE
City-St-Zip: POMPANO BEACH, FL 33064 US

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T ( ) Change (X) Addition
Name: CEANT, GERMENIE
Address: 3330 NW 23RD CT
City-St-Zip: COCONUT CREEK, FL 33066 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALIX, BIEN-AIME AS 09/19/2007

Electronic Signature of Signing Officer or Director Date