


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000141410 1. Entity Name EARLSTAR ENTERPRISES, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 8:35

Principal Place of Business 2655 LEJUENE ROAD #507 CORAL GABLES, FL 33134	Mailing Address 2655 LEJUENE ROAD #507 CORAL GABLES, FL 33134
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02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1896502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	CASARO, ALVARO
STREET ADDRESS	2655 LEJUENE ROAD #507
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVST
NAME	DE CASARO, MARY
STREET ADDRESS	2655 LEJUENE ROAD #507
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07--01003--017 **6758.75

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ DAYTIME PHONE # _____

DO NOT WRITE
IN THIS SPACE