

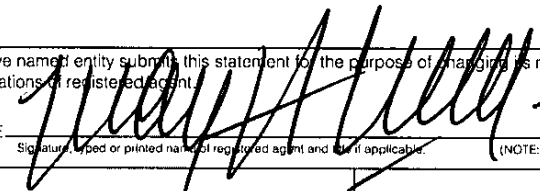
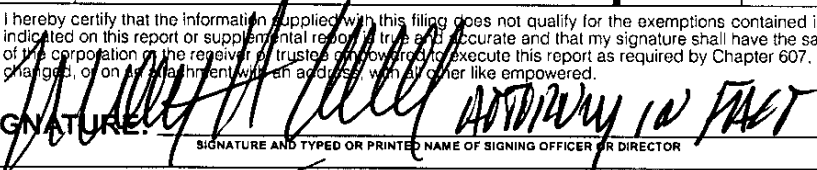


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000141410 1. Entity Name EARLSTAR ENTERPRISES, INC.						<p style="font-size: 1.2em; font-weight: bold;">FILED</p> <p style="font-size: 1.1em;">2008 APR 30 PM 1:18</p> <p style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
Principal Place of Business 2655 LEJUENE ROAD #507 CORAL GABLES, FL 33134			Mailing Address 2655 LEJUENE ROAD #507 CORAL GABLES, FL 33134						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-1896502		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent		Name Juan Vicente Urdaneta		Street Address (P.O. Box Number is Not Acceptable) 2655 Lejuene Road, Suite 507		City Coral Gables		FL Zip Code 33134	
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 fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP CASARO, ALVARO <input type="checkbox"/> Delete 2655 LEJUENE ROAD #507 CORAL GABLES, FL 33134				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700129438027 05/14/08--01009--014 **6600.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DE CASARO, MARY <input type="checkbox"/> Delete 2655 LEJUENE ROAD #507 CORAL GABLES, FL 33134				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 or 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: 									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/22/08 Daytime Phone #: 3057287519									