## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 25, 2005 8:00 am Secretary of State 04-26-2005 90133 017 \*\*\*150.00 **DOCUMENT # P0400015\$632** STAR BEAUMONT INC Principal Place of Business Mailing Address 66018801 100 NORTH BISCAYNE BLVD 100 NORTH BISCAYNE BLVD MIAMI, FL 33132 US MIAMI, FL 33132 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-P CR2E034 (10/03) 54 Applied For Not Applicable City & State City & State 4. FEI Number Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENICHAY, BRIGITTE 100 NORTH BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) 2904 MIAMI, FL 33132 City Zio Coda 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 Rorlds. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prised name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Deteta me ☐ Change ☐ Addition BEAUMONT, LOUIS NUE NAME 100 NORTH BISCAYNE BLVD SUITE 2904 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Deleta TITLE ☐ Change ■ Addition HALES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta IIILE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 opporation 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.

PRINTED NAME OF EIGHING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**