2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# P05000057765

Entity Name: FOREST STAR INVESTMENT CORP

Current Principal Place of Business:

90 ALTON RD.
SUITE 2112
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

335 S. BISCAYNE BLVD
SUITE 1809
MIAMI, FL 33131 US

Current Mailing Address:

90 ALTON RD.
SUITE 2112
MIAMI BEACH, FL 33139 US

New Mailing Address:

335 S. BISCAYNE BLVD
SUITE 1809
MIAMI, FL 33131 US

FEI Number: 20-3254609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANZAFAME, ALFIO
90 ALTON RD.
SUITE 2112
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

LANZAFAME, ALFIO
335 S. BISCAYNE BLVD.
SUITE 1809
MIAMI, FL 33131 US

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: ALFIO LANZAFAME 02/21/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LANZAFAME, ALFIO
Address: 90 ALTON RD. SUITE 2112
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete
Name: LANZAFAME, GIAN
Address: 90 ALTON RD. SUITE 2112
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S ( ) Delete
Name: LANZAFAME, MORELA
Address: 90 ALTON RD. SUITE 2112
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LANZAFAME, ALFIO
Address: 335 S. BISCAYNE BLVD # 1809
City-St-Zip: MIAMI, FL 33131 US

Title: VP (X) Change ( ) Addition
Name: LANZAFAME, GIAN
Address: 335 S. BISCAYNE BLVD #1809
City-St-Zip: MIAMI, FL 33131 US

Title: S (X) Change ( ) Addition
Name: LANZAFAME, MORELA
Address: 335 S. BISCAYNE BLVD # 1809
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFIO LANZAFAME P 02/21/2007
Electronic Signature of Signing Officer or Director Date