

# 2007 FOR PROFIT CORPORATION- ANNUAL REPORT (AR)

3/1

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90037 032 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                |                                                                                                                                      |                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000051298</b><br>1. Entity Name<br><b>NEWSTAR REALTY AND INVESTMENT, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                |                                                                                                                                      |                                                                                 |  |
| Principal Place of Business<br>9770 BAYMEADOWS RD<br>135<br>JACKSONVILLE FL 32256<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                                | Mailing Address<br>9770 BAYMEADOWS RD<br>135<br>JACKSONVILLE FL 32256<br>US                                                          |                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                                | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                        |                                                                                 |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                | City & State<br><br>Zip      Country                                                                                                 |                                                                                 |  |
| 4. FEI Number<br><div style="text-align: center; font-size: 1.2em;">20-4907189</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                |                                                                                                                                      | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                |                                                                                                                                      | 1st MOORE      CR2E034 (10/06)                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KIM, YOUNG HOON</b><br><b>14453 LAKE JESSUP DR</b><br><b>JACKSONVILLE FL 32258</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                 |  |
| 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 registering) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                |                                                                                                                                      |                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PSTD<br>KIM, YOUNG HOON<br>14453 LAKE JESSUP DR<br>JACKSONVILLE FL 32258<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>OK CHA, GEUM<br>13700 HAWK LAKE DR<br>ORLANDO FL 32837<br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 3/03/07 (904)536-1025                          |                                                                                                                                      |                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                |                                                                                                                                      |                                                                                 |  |