2008 FOR PROFIT CORPORATION

Apr 15, 2008 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P06000051298 1. Entity Name 04-15-2008 90010 018 ***150.00 NEWSTAR REALTY AND INVESTMENT, INC Principal Place of Business Mailing Address 9770 BAYMEADOWS RD 9770 BAYMEADOWS RD JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-4907189 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIM, YOUNG HOON Street Address (P.O. Box Number is Not Acceptable) 14453 LAKE JESSUP DR JACKSONVILLE FL 32258 Zip Code FI 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 life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** ☐ Delete TITLE Change ☐ Addition KIM, YOUNG HOON MAME NAME 14453 LAKE JESSUP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32258 CITY-ST-78P TITLE Dalete TITLE Change ■ Addition OK CHA, GEUM NAME NAME STREET ADDRESS 13700 HAWK LAKE DR STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TOTALE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiele TITLE Change Addition

12. Thereby certify that the information supplied with this filling 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 adarges, with all other like empowered.

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: -

NAME

STREET ADDRESS

CITY-ST-ZIP

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