2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Redum M. Williams

·	ANNOAL	KEPUKI		<u> </u>	` ` *			***	
DOCUMENT # P 06000063299 1. Entity Name Astrostar Venture Group, Inc					FILED May 04, 2008 08:00 AM				
Principal Place of Business Mailing Address —						Secretary of State			
	st Broward Blvd	and Bu	d	Secretary	or state				
110 East Broward Blvd 110 East Broward Blvd Suite 1700									
ELLA	oderdale FL 33301	. H. Lauderd	ale F	33301					
	Place of Business - No P.O. Box #	Mailing Address	wie i		_			:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-			•	
City & State		City & State		=	4. FEI Numb	oer 		pplied For ot Applicable	
Z ip	Country	Z íp	Cour	ntry	5. Certificati	e of Status Desired	\$8.75 Adv Fee Require		
 	8. Name and Address of Current R	egistered Agent	¥.	Name	7. Name an	d Address of New Registe	red Agent .		
Name						. Kultura de de esta de la compansión de l La compansión de la compa	. (
An	drew. M. Williams East Broward Blid, St	SHE (700 .	000		Street Address (P.O. Box Number is Not Acceptable)			· · · · · · · · · · · · · · · · · · ·	
1	Lauderdale FL 33	3301		L				, * ±	
		-		City			FL Zip Cod	le	
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.									
CYCAMATA IDE									
SIGNATURE Signature, speed or printed name of represent agent and title if applicable. (NOTE: Segretared Agent signature required when reinstating) DATE									
3	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees	In accordance with s. corporation did not re			
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	Pres.	Delete	m.	ľ			Change	Addition 🗌	
NAME STREET ADDRESS	Andrew M. Williams 110 East Brown Bud	914 1700	NAM STRE	ET ADDRESS					
CITY-ST-ZIP	The sast Broadle Fi	33301		-57-ZIP			. [
TITLE		☐ Delete	117	-			Change	☐ Addition	
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TITLE NAME		☐ Delete	TITL	3			☐ Change	Addition	
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NAME		T-1 C/2/010	NAM	j j				FT MORROW	
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TITLE		☐ Delete	mu.	1			Civenge	Addition	
name Street address			NAM: SIRE	et address					
CITY-ST-ZIP		м	- 8	ST-ZIP.					
12. Thereby o	certify that the information supplied with th	is filing does not qualify fo	-		d in Chapter 119	9, Florida Statutes, I further	certify that the ir	nformation	
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 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.									

05/01/08