
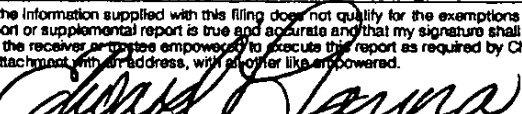


**FILED**  
**Jun 26, 2007 8:00 am**  
**Secretary of State**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P06000132507</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | 05-08-2007 90008 009 ***150.00                                                                                                          |                                                                   |
| 1. Entity Name<br><b>ESTRELLA CONSULTANTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                        |                                                                   |
| Principal Place of Business<br><b>C/O EDWARD A HANNA JR PA<br/>3864 SHERIDAN STREET<br/>HOLLYWOOD, FL 33021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | Mailing Address<br><b>C/O EDWARD A HANNA JR PA<br/>3864 SHERIDAN STREET<br/>HOLLYWOOD, FL 33021</b>                                     |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country                                                                                        | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>13-4358745</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | Applied For<br>Not Applicable                                                                                                           |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                | \$8.75 Additional Fee Required                                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MOORE, C.<br/>C/O EDWARD A HANNA JR PA<br/>3864 SHERIDAN STREET<br/>HOLLYWOOD, FL 33021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when addressing)) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                            |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PC<br>MOORE, C.<br>3864 SHERIDAN STREET<br>HOLLYWOOD, FL 33021 <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 |
| 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 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 another like empowered. |                                                                                                |                                                                                                                                         |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | 4/25/07 (954) 893-7030                                                                                                                  |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | Daytime Phone #                                                                                                                         |                                                                   |

# ATTACHMENT

LAW OFFICES

**EDWARD A. HANNA, P.A.**

EMERALD VILLAGE PROFESSIONAL PLAZA  
3884 SHERIDAN STREET  
HOLLYWOOD, FLORIDA 33021-3834

ALSO ADMITTED FEDERAL,  
PENNSYLVANIA AND  
WASHINGTON, DC BARS

BROWARD: (954) 893-7030  
BROWARD: (954) 983-2211  
BROWARD: (954) 745-2100  
TELFAX: (954) 983-2227

EDHANNALAW@AOL.COM

June 13, 2007

66019863

SECRETARY OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FLorida 32314

IN RE: **ESTRELLA CONSULTANTS, INC.**  
FILE NUMBER: 06-060201-EAH/vp  
FILE CODE: Red  
CECN: ESTRE-58.1

DOCUMENT#: P06000132507, Annual Report

Dear SIR/MADAME:

Thank you for letter of May 22, 2007, regarding the oversight at box "4" which is to contain the above corporation's *FEIN*.

Enclosed herewith please find the completed form, and containing said number.

Thank you for your attention to this important matter.

Yours Sincerely,

Law Offices of:

EDWARD A. HANNA, P.A.

By:

  
EDWARD A. HANNA, Esq.  
EAH/lp