2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000144525

Entity Name: LAUREL PALM & STARS, INC.

FILED Sep 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6095 NW 167 STREET D-10 MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

6095 NW 167 STREET D-10 MIAMI, FL 33015

FEI Number: 20-5901104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORALES, RAFAEL A ROCA, VAILMA 6746 SW 115 CT 6746 SW 115 CT #204 #204 MIAMI, FL 33173 US MIAMI, FL 33173 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.

Name:

Address:

SIGNATURE: RAMORALES 09/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ROCA, VAILMA MORALES, RAFAEL A Name: Name: 6746 SW 115 COURT, #204 6746 SW 115 COURT, #204 Address: Address:

MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173 City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: MORALES, RAFAEL Name: ROCA, VAILMA

6746 SW 115 COURT #204 6746 SW 115 COURT #204 Address: Address: MIAMI, FL 33173 MIAMI, FL 33173 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition D1

FERNANDEZ, VAILMA J FERNANDEZ, VAILMA J Name: Name:

6746 SW 115 CT. #204 MIGUEL A. MONCLUS 215 RES. MARIA CRISTINA Address: Address:

City-St-Zip: MIAMI, FL 33173 City-St-Zip: SANTO DOMINGO, DN 0000 DR

Title: D2 () Delete Title: D2 (X) Change () Addition

GONZALES, MARIA T SANTANA, PEDRO R Name: 6646 SW 115 CT. #116 Address: 6746 SW 115 CT. 201 City-St-Zip: City-St-Zip: MIAMI, FL 33173 MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: RAFAEL A. MORALES 09/29/2009