

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90001 032 ***150.00

DOCUMENT # P07000070056					
1. Entity Name ROADSTAR ASSISTANCE, CORP.					
Principal Place of Business 5168 MILLENIA BLVD., APT. 104 ORLANDO, FL 32839			Mailing Address 5168 MILLENIA BLVD., APT. 104 ORLANDO, FL 32839		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 692352			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Orlando FL		4. FEI Number 26-0371252	
Zip		Country		Applied For Not Applicable	
32869-2352		32869-2352		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, JOSE S. 5168 MILLENIA BLVD., APT. 104 ORLANDO, FL 32839			7. Name and Address of New Registered Agent Name <u>Jose L. Ramos</u> Street Address (P.O. Box Number is Not Acceptable) <u>2344 Crestview Lane</u> City <u>Wesley Chapel</u> FL Zip Code <u>33544</u>		
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				DATE <u>6-10-08</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete DIAZ, JOSE R. 5168 MILLENIA BLVD., APT. 104 ORLANDO, FL 32839		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 all other like empowered.					
SIGNATURE			Date <u>6/12/08</u> (787) 642-4949		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		