2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2009
Secretary of State

DOCUMENT# P08000099535

Entity Name: HI-TEC STAR INTERNATIONAL INC

Current Principal Place of Business:

800 CORAL RIDGE DR, SUITE 103
CLUB MIRA LAGO
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

800 CORAL RIDGE DR, SUITE 103
CLUB MIRA LAGO
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 32-0266708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLSON, DESMOND
800 CORAL RIDGE DR, SUITE 103
CLUB MIRA LAGO
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	NICHOLSON, DESMOND	
Address:	800 CORAL RIDGE DR, CLUB MIRA LAGO, #103	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	D	( ) Delete
Name:	NICHOLSON, JASMIN	
Address:	800 CORAL RIDGE DR, CLUB MIRA LAGO, #103	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	VP	( ) Delete
Name:	NICHOLSON, CHRISTOPHER	
Address:	12115 ROYAL PALM BLVD	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	NICHOLSON, RICHARD OM	
Address:	12115 ROYAL PALM BLVD	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	BARNES, SANDRA	
Address:	4115 BETTERNUT LANE	
City-St-Zip:	GURNEE, IL 60041	
Title:	D	( ) Delete
Name:	PARNELL, FLO	
Address:	2016 WESTVIEW LANE	
City-St-Zip:	ROUND LAKE BEACH, IL 60073	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: DESMOND NICHOLSON P 07/23/2009

Electronic Signature of Signing Officer or Director — Date