

FILED
Apr 07, 2008 08:00 A
Secretary of State

1. Entity Name
GREAT SOUTHERN STAR INVESTMENT CORPORATION



Mailing Address
POST OFFICE BOX 522876
MIAMI, FL 33152-2876 US

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves assigning tasks to team members, setting deadlines, and monitoring progress to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves comparing the actual outcomes against the objectives and goals to determine the effectiveness of the project and identify areas for improvement.

4. FEI Number 65-0372892	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

HABER, ELYSE L
8030 SW 13 STREET
SUITE-ONE WEST
MIAMI, FL 33144

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

XXXXXXXXXXXX0909

04/17/08-8010-003 150.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

TITLE	D
NAME	FREEDMAN, HOWARD
STREET ADDRESS	8030 SW 13TH STREET
CITY-ST-ZIP	MIAMI, FL

TITLE	VP
NAME	HABER, ELYSE L
STREET ADDRESS	8030 SW 13 STREET
CITY-ST-ZIP	MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____