

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037091

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** TRI STAR MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

950 PENINSULA CORP. CIRCLE  
2000  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

950 PENINSULA CORP. CIRCLE  
2000  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 65-0404780      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BLAIR, SHAWNE  
920 ROBERTS ROAD  
DELRAY BEACH, FL 33483 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: BLAIR, SHAWNE W  
Address: 920 ROBERTS ROAD  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: SHAWNE BLAIR

DPS

03/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date