

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90202 032 \*\*\*150.00

**DOCUMENT # P93000052439**

1. Entity Name  
**TRI-STAR BUILDING CORPORATION**



Principal Place of Business  
**2900 NORTH MILITARY TRAIL,  
STE #165  
BOCA RATON, FL 33431 US**

Mailing Address  
**2900 NORTH MILITARY TRAIL,  
STE #165  
BOCA RATON, FL 33431 US**

**21000619**

2. Principal Place of Business  
**21000 Boca Rio Rd.  
Suite, Apt. #, etc.  
Ste. C4**

3. Mailing Address  
**21000 Boca Rio Rd.  
Suite, Apt. #, etc.  
Ste. C4**



04022004 Chg-P CR2E034 (10/03)

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number  
**65-0436299**

Applied For  
☐ Not Applicable

Zip  
**33433**

Country  
**USA**

Zip  
**33433**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**LEONARD SIEGAL  
2900 N MILITARY TRAIL  
165  
BOCA RATON, FL 33431**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**21000 Boca Rio Rd.**

**Ste. C4**

City  
**Boca Raton**

**FL**

Zip Code  
**33433**

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

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  
After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **LEONARD SIEGAL**  
STREET ADDRESS **2900 N MILITARY TRAIL, #165**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **21000 Boca Rio Rd, Ste. C4**  
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

**04-27-04**