2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: <

FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # P93000052439 1. Entity Name TRI-STAR BUILDING CORPORATION							01-29-2	007 90072 (31 ***200).00	
Principal Plac 21000 BOCA STE, C4 BOCA RATON	A RIO RD.	JS	Mailing Address. 21000 BOCA RIO RD. STE. C4 BOCA RATON, FL 33433 US			, ,	1 (8)88)	1811: 88111 28 121 84118	{ 	 	
2. Principal P	lace of Business -	No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222007	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4. FEI Numb 65-043	-		_ 	plied For t Applicable	
Zip	Country		Zip	Country			5. Certificate of Status Desired See Required Fee Required				
ļ	. 6. Name and		7. Name and Address of New Registered Agent								
LEONARD	SIFGAI		Name GEORGE JAMES								
21000 BOCA RIO RD. STE. C4					Street Address (P.O. Box Number is Not Acceptable)						
	TON, FL 3343	3		21			RIO R	POAD, S FI	WITE C	7-4	
			BOCA	RATON	1	FI	L Zip Code 33	⁶ 433			
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.											
and doingations or required agent.											
SIGNATURE Signature, typed or pripte name of registered agent and title if agorcable. (NOTE: Registered Agent signature required when reinstating) DATE											
THE TELEPHONE OF THE PROPERTY											
	E NOW!!! FEE ay 1, 2007 Fe	E IS \$150.00 e will be \$550.	9. Election Camp. Trust Fund Cor			.00 May Be ed to Fees				•	
10.		OFFICERS AND	11.		ADDITIONS	/CHANGES T	O OFFICERS AN	D DIRECTORS	S IN 11		
TITLE	PRES		Delete	TITLE NAME		Change Addition					
NAME Street address	LEONARD SIE		/ `	T ADDRESS 3/	CORGE JAMES Change Addition CORGE JAMES COOD BOCA RIO ROAD, SUITE C-4 COCA RATON FL 33433						
CITY-ST-ZIP	21000 BOCA RIO RD., STE. C4 BOCA RATON, FL 33433				ST-ZIP	200 RUG	on FL	33433	}	,	
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NAME			NAME					_			
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CITY-ST-ZIP					ST-ZIP					<u></u> -	
TITLE NAME			☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS				NAME STREE	T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ANORESS	NRESS N				- 1						
STREET ADORESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
12. Thereby o	L certify that the infor	rmation supplied wit	h this filing does not qualify		motions contained	d in Chapter 11	9. Florida Stat	utes. I further ce	ertify that the in	nformation	
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 yith an address, with all other like empowered.											