

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90335 045 \*\*\*150.00

<b>DOCUMENT # P93000076577</b> 1. Entity Name <b>ASTRAL PRODUCTS, INC.</b>					
Principal Place of Business <b>8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32219</b>			Mailing Address <b>8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32219</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3207335</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RAX CO. C/O MCGUIRE, WOODS, BATTLE, &amp; BOOTHE 50 N LAURA ST, STE 3300, BARNETT CENTER JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name <b>Fowler White Boggs Banker P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>50 North Laura Street Suite 2200</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>	
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 <u>Michael E. Goodbread Jr.</u> <span style="float: right;">4/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LLASTARRI, ANTONIO</b> <b>8003 WESTSIDE INDUSTRIAL DR</b> <b>JACKSONVILLE, FL 322193238</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>PEDRO BLANCO</b> <b>8003 Westside Industrial Dr.</b> <b>Jacksonville FL 32219</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PLANES, JOAN P</b> <b>CARRER DELS AMETLERS #6, 08213 POLINYA</b> <b>BARCELONA, SPAIN,</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>ELOY PLANES</b> <b>8003 Westside Industrial Dr.</b> <b>Jacksonville FL 32219</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>CABRE, ENRIC</b> <b>8203 WESTSIDE INDUSTRIAL DR.</b> <b>JACKSONVILLE, FL 322193238</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER</b> <b>PILAR VERGES</b> <b>8003 Westside Industrial Dr.</b> <b>Jacksonville FL 32219</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/21/05</u> Daytime Phone # <u>904-322-0999</u>		