

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000033181

FILED
Sep 01, 2004
Secretary of State

Entity Name: THREE STAR MANAGEMENT INC.

Current Principal Place of Business:

10210 DAPHNEY HOUSE WAY
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

10210 DAPHNEY HOUSE WAY
ROCKVILLE, MD 20850

New Mailing Address:

FEI Number: 65-0487419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEVY, JONATHAN C
Address: 10210 DAPHNEY HOUSE WAY
City-St-Zip: ROCKVILLE, MD 20850

Title: DT () Delete
Name: RESNICK, MARLENE
Address: 6701 PARK HEIGHTS AVE #3B
City-St-Zip: BALTIMORE, MD 21215

Title: DVS () Delete
Name: LEVY, DARA L
Address: 10210 DAPHNEY HOUSE WAY
City-St-Zip: ROCKVILLE, MD 20850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JONATHAN C. LEVY

DP

09/01/2004

Electronic Signature of Signing Officer or Director

_____ Date