2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057719

Entity Name: SILVER STAR EXPRESS, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	OMMERCE PK R, FL 33025	WY US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
104 SUNF EDISON, I	FIELD AVE NJ 08837				
FEI Number	: 65-0618303	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of (Current Registered Agent:	Name and Addres	s of New Registered Agent:	
	S STREET SSEE, FL 323	01 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BROOKS, MIC 3026 N COMM MIRAMAR, FL	ERCE PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (GALINSKY, MA 3026 N COMM MIRAMAR, FL	ERCE PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (CARLESIMO, I 80 WESLEY S S HACKENSAG	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (REARDON, RU 80 WESLEY S S HACKENSAG	SSELL T	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AT (COSENTINO, 3 80 WESLEY S S HACKENSAG	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RUSSELL REARDON VP 04/28/2005