

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90459 017 ***150.00

DOCUMENT # P96000024734

1. Entity Name
13 STARS, INC.



Principal Place of Business
1405 N.E. 129TH STREET
NORTH MIAMI, FL 33161

Mailing Address
1405 N.E. 129TH STREET
NORTH MIAMI, FL 33161

24073762



DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0657351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, FREDERICA R
2450 NW 135 ST
#206
NORTH MIAMI, FL 33181

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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
NAME SIMMONS, FREDERICA R
STREET ADDRESS 2450 NE 135 ST #206
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE *SECRETARY*
NAME *IKHLAS ABDI*
STREET ADDRESS *1506 NE 110 ST*
CITY-ST-ZIP *MIAMI, FL 33161*

**DO NOT WRITE
IN THIS SPACE**

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]* *IKHLAS ABDI P.* Date *305-892-1771*