

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90337 029 \*\*\*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

**50038272**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0657351

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **ABDI, IKHLAS**

Street Address (P.O. Box Number is Not Acceptable)  
**1506 NE 110 ST**

City **MIAMI**

FL

Zip Code **33161**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/12/05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME SIMMONS, FREDERICA R  
STREET ADDRESS 2450 NE 135 ST #206  
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☒ Delete

TITLE PS  
NAME ABDI, IKHLAS  
STREET ADDRESS 1506 NE 110 ST  
CITY-ST-ZIP MIAMI, FL 33161 ☐ Change ☒ Addition

TITLE PD  
NAME ABDI, IKHLAS  
STREET ADDRESS 1506 NE 110 ST  
CITY-ST-ZIP MIAMI, FL 33161 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ABDI, IKHLAS**

Date

Daytime Phone #

**4/12/05 305-892-177**