## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE** 

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P96000073400 04-30-2004 90218 038 \*\*\*158.75 SUNSTAR GROUP, INC. Principal Place of Business Mailing Address 94073882 5400 S DIXIE HWY SUNSTAR GR50UP INC WEST PALM BEACH, FL 33405 PO BOX 3497 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. 04292004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 65-0692111 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 氹 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RASSKAZOV, YEVGENIY Street Address (P.O. Box Number is Not Acceptable) 13928 ASTER AVE WELLINGTON, FL 33414 City Zip Code 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. Fam familiar with, and accept the obligations of registered ag -2004 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** ☐ Addition TITLE ☐ Delete TITLE RASSKAZOV, YEVGENIY NAME NAME STREET ADDRESS PO BOX 3497 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZiP VPD ☐ Delete TITLE **Change** Addition RASSKAZOVA, OLGA RASSKAZOVA, OL GA NAME: NAME STREET ADDRESS PO BOX 3492 STREET ADDRESS PO BOX 3497 CHTY+ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP Palm TITLE Delete Addition. TITLE Change RASSKAZOVA, SVETLANA -NAME NAME **TUAPINSKAYA 15 S** STREET ADDRESS STREET ADDRESS CITY-ST-ZiP SOCHI RUSSIA, CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIF TITLE ☐ Delete TILE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZiP TITLE Deleta TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing cless 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 receives increase a powered 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 attachm

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