

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90191 048 ***150.00

DOCUMENT # P96000079719

1. Entity Name
UNISTAR ASSOCIATES, INC.



Principal Place of Business

21240 HARBOR WAY
283
ADVENTURA, FL 33180

Mailing Address

21240 HARBOR WAY, #283
ADVENTURA, FL 33180

40002327



2. Principal Place of Business - No P.O. Box #

21240 HARBOR WAY
Suite, Apt. #, etc.
#283

3. Mailing Address

21240 HARBOR WAY
Suite, Apt. #, etc.
#283

01042007

Chg-P

CR2E034 (12/06)

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number

65-0739911

Applied For

Not Applicable

Zip

33180

Country

US

Zip

33180

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDOVIC, STELLA
21240 HARBOR WAY, #283
ADVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

DAVIDOVIC, STELLA

Street Address (P.O. Box Number is Not Acceptable)

21240 HARBOR WAY #283

City

AVENTURA

FL

Zip Code

33180

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

Stella Davidovic

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DAVIDOVIC, STELLA
STREET ADDRESS 21240 HARBOR WAY, #283
CITY-ST-ZIP ADVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP AVENTURA FL 33180

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Stella Davidovic STELLA DAVIDOVIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/04/07

305-932-3705

Daytime Phone #