

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100209

Entity Name: ASTRAL PRODUCTS, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

8525 MALLORY RD  
JACKSONVILLE, FL 32220

## New Principal Place of Business:

## Current Mailing Address:

8525 MALLORY RD  
JACKSONVILLE, FL 32220

## New Mailing Address:

FEI Number: 59-3416185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOURTER WHITE BOGGS CENTER, P.A.  
50 N LAURA ST  
SUITE 2200  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

FOWLER WHITE BOGGS CENTER, P.A.  
50 N LAURA ST  
SUITE 2800  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: MICHAEL GOODBREAD

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BALLART, PEDRO  
Address: 8525 MALLORY RD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D ( ) Delete  
Name: POSSE, CAMILO  
Address: 8525 MALLORY RD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: C ( ) Delete  
Name: PLANES, ELOI  
Address: 8525 MALLORY RD  
City-St-Zip: JACKSONVILLE, FL 32220

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAMILO POSSE

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date