2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P970000160 ne an star light, Inc.	825				or cearly or season
Principal Place 12204 SW 1 MIAMI, FL 3		Mailing Address 12204 SW 10TH LN. MIAMI, FL 33184			alli (well work south worlt of	mili 1744 m mili) ini (22 17282 m2) may 11 impi
E	OO NOT WRITE			07122005 4. FEI Number 65-0729	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
HEREDIA 12204 SW MIAMI, FL	, ALBERTO / 10TH LN.	DO NOT WRITE IN THIS SPACE				
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 an	d title if applicable. (NOTE, Registere	d Agent appature required	i whom reinstating)	- 	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees	In accordance with corporation did no	h s. 607.193(2)(b), F.S., the t receive the prior notice.
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND C DPT HEREDIA, ALBERTO 12204 SW 10TH LN. MIAMI, FL 33184	IRECTORS			Unoccos 07/21/05-80	73863 3002-008 150.00
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NAME STREET ADDRESS CITY-ST-ZIP			<u>=</u> :			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·		
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: A CO BOLLO TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destand Phone #						