


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 15, 2004 08:00 AM**  
**Secretary of State**

P97000021269 1. Entity Name WASHINGTON STAR, INC.	
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Principal Place of Business 9675 NW 12TH STREET MIAMI, FL 33172	Mailing Address 9675 NW 12TH STREET MIAMI, FL 33172
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01052004 00000000 000000000000

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 65-0738829	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75
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6. Name and Address of Current Registered Agent  ANTOLIN DEL COLLADO 10051 SW 13TH TERR MIAMI, FL 33174
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANTOLIN DEL COLLADO 850 NW 42ND AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GARCIA, SERAFIN 9675 N.W. 12 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/15/04-80050-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: ANTOLIN DEL COLLADO 1/6/04 786-464-1132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #