FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **P97000024716** 1. Entity Name DAYSTAR HOMES, INC. 01-20-2000 90214 040 ***158.75 Principal Place of Business Mailing Address 6278 N FED HWY 6278 N FED HWY STE 211 STE 211 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 HS 2. Principal Place of Busines: 3. Mailing Address FEDERAL HUY 6278 27*6*l Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0740450 ichthouse LAUDELDALE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired *3*3064 BOOWAND Fee Required ROWALD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDRA MIGLIORE, SANDRA Street Address (P.O. 361 S.E. 12 TH ST PDMPANO BEACH FL 33060 City 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elécts to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition PD Change Delete 🕽 TITLE MIGLIORE, SAL NAME STREET ADDRESS 361 S.E. 12TH ST CITY-ST-ZIP PDMPANO BEACH FL 33060 Delete TITLE Change Addition

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME MIGLIORE, SANDRA NAME STREET ADDRESS STREET ADDRESS 361 S.E. 12TH ST CITY-ST-ZIP CITY-ST-ZIP PDMPANO BEACH FL 33060 ☐ Delete TITLE ☐ Change ☐ Addition TITLE MIGLIONE, NAME NAME 2761 NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 HTHOUSE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 export as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/11/00 (954)786-0990