## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 08, 2005 08:00 AM

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DOCUMENT # P9800003139  1. Entity Name NEWSTAR REALTY & DEVELOPMENT, INC.				Sec	cretary of State	
701 4TH STI SUITE 200	REET	Mailing Address P.O. BOX 398066 MIAMI BEACH, FL 33239  OT WRITE IN THIS SPACE  03292005 No Chg-P CR2E034 (10/03)  4. FEI Number 65-0804933 Not Applied 65-0804933 S. Certificate of Status Desired \$8.75 Additions Fee Required  and Address of Current Registered Agent  AS ESQ. STE 2A 3139  DO NOT WRITE IN THIS SPACE  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 a ared agent.  Pirinted name of registered agent are tille if applicable  (NOTE Registered Agent signature required when releasant)  OATE		li Bhill dusan kirk ikuwa kilin khiridali ki lawi		
			And the second second second second			
DO NOT WRITE IN THIS SPA			CE	ļ <u></u>	<del></del>	
	Entity Name EWSTAR REALTY & DEVELOPMENT, INC.  Incipal Place of Business 1 4TH STREET IT 200 IMI BEACH, FL 33139  DO NOT WRITE IN THIS SPA  6. Name and Address of Current Registered Agent FRATTON, DOUGLAS ESQ. 7 LINCOLN RD., STE. 2A AMI BEACH, FL 33139  The above named entity submits this statement for the purpose of changing its registered agent.  NATURE  Signature, typed or privided name of registered agent and site if applicable (NOTE Registered May 1, 2005 Fee will be \$350.00)  OFFICERS AND DIRECTORS  DP SILVERTHORNE, ANDREA K 1810 LENOX AVENUE #207 MIAMI BEACH, FL 33139  V WOLFARTH, ROBERT J II 1605 BAY ROAD, SUITE 502 MIAMI BEACH, FL 33139  ET ADDRESS ST-2P  ET ADDRESS ST-2P		65-080	4933	Not Applicab	
	6. Name and Address of Current Regis	tered Agent			or constant to the contract of	Fee naquiled
STRATTON, DOUGLAS ESQ. 407 LINCOLN RD., STE. 2A MIAMI BEACH, FL 33139						
5. The above	a named entity submits this statement for the patterns of registered agent.	ourpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with, and accep
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	d Agent signature required	when reinstating)		DATE
FIL After M	ay 1, 2005 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>		.00 May Be ed to Fees		
TITLE		CTORS				# <del></del>
NAME STREET ADDRESS CITY-ST-ZIP	SILVERTHORNE, ANDREA K 1610 LENOX AVENUE #207				<del></del> -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLFARTH, ROBERT J II 1605 BAY ROAD, SUITE 502		=- · _ · · · <u>_ · · · · · ·</u>	<del></del>	U00000 04/08/05-	294685 80080-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TO A LICENSES EN	DO	NOT W	RITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 - · ···-· · · - · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS			<u> </u>	<del></del>	<del></del>	en e en

12. I hereby certify that the information supplied with this filling 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 of this tee 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:

AMAIN IZA SILVENTHORM

4-2-05-3-3-31/2 295

CITY-ST-ZIP