CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900056601 1. Entity Name SEVEN STARS VENTURES INC. Principal Place of Business 1201 CR 452 EUSTIS FL 32726 Mailing Address 3310 S.W. 35TH BOULEVARI GAINESVILLE FL 32608				04-24-2003 90238 019 ***158.75		
			BD			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3575586 Applied For Not Applied be	e	
Zip	Country	Zip	- Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	_	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	П	
			Name			
MALIK, ABDUL 3310 S.W. 35TH BOULEVARD			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	LLE FL 32608					
			City	FL Zip Code		
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature requi	ired when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACI, ASLAM M 2635 SW.35TH PL #1501 GAINESVILLE FL 32608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALIK, ABDUL 3310 S.W. 35TH BOULEVARD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAINESVILLE FL 32608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	י ו	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change Addition	-	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby c	certify that the information supplied with	this filing does not qualify for the	ne exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further certify that the information	7	

indicated on this report or supplementance of the control 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 flustee 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:

'Une required

4-99-03

359-376 - 8170

Daytime Phone #