


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90004 029 ***150.00

DOCUMENT # P99000109316	
1. Entity Name EASTER STAR CORPORATION, INC.	

Principal Place of Business EASTER STAR CO. D.B.A. JACKSONVILLE, FL 32205	Mailing Address 500 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205
---	---

2. Principal Place of Business Easter Star Co.	3. Mailing Address 500 S. Edgewood Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jax FL 32205	City & State Jax FL
-------------------------------------	-------------------------------

Zip 32205	Country Duval	Zip 32205	Country Duval
---------------------	-------------------------	---------------------	-------------------------

6. Name and Address of Current Registered Agent

MALIH, SALEM A
500 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205



04282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3638683	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent

Name
SALEM A. MALIH
Street Address (P.O. Box Number is Not Acceptable)
500 S. Edgewood Ave.
City
Jax FL Zip Code
32205

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 *Salem A. Malih* (NOTE: Registered Agent signature required when reinstating) DATE 5-21-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALIH, SALEM 10234 ELDER BERRY CT. JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P' SALEM MALIH <input type="checkbox"/> Change <input type="checkbox"/> Addition 10234 Elderberry Ct. Jax FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILIH, SALEM A 10234 ELDERBERRY CT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALIH, EYAD S 10234 ELDERBERRY CT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALIH, SALEM 10234 ELDERBERRY CT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: *Salem A. Malih* Date 5-21-05 904-389-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #