2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2005 8:00 am **Secretary of State** DOCUMENT # V11144 1. Entity Name 02-23-2005 90070 008 ***150.00 TOUCHSTAR INVESTMENTS, INC. Principal Place of Business Mailing Address C/O LOUIS LEIBOVIT ESQUIRE 350 ROYAL PALM WAY C/O LOUIS LEIBOVIT ESQUIRE 20019044 350 ROYAL PALM WAY PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0320500 Not Applicable Zip Ζip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIBOVIT, LOUIS ESQUIRE Street Address (P.O. Box Number is Not Acceptable) C/O LOUIS LEIBOVIT ESQUIRE 350 ROYAL PALM WAY PALM BEACH FL 33480 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. X Addition **X** Change TITLE ☐ Delete TITLE PSTD NABOKOV, DMITRI NAME NAME Dmitri Nabokov 350 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS 350 Royal Palm Way PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP Palm Beach, FL 33480 Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE City-St-7IP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND LYBED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

561-585-8565

Date

FILED

Daytme Phone #