2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2005 8:00 am Secretary of State

							, L	occi cu	ary '	or o	iaic
DOCUMENT # V20121 1. Enlity Name ASTERISK LUXURY HOMES, INC.								05-02-2005	-		
Principal Place of Business Mailing Address											
4227 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410			4227 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410			66020615					
							11668 611818	NAME DO SE POR MARIE DE LA COMPANSION DE L	i eren ejeli erei	n eren eren si	AMR 81 II 1881
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Ap1. #, etc.				04112005	Chg-P	CR2E03	34 (10/03)	
City & State			City & State				4. FEI Numbe 65-033				opied For ot Applicable
Zip		Country	Zip					of Status Desired		\$8.75 Ack Fee Require	
	6. Name	and Address of Current I			7. Name and	Address of New R	egistered A	gent			
	_		Name								
_SIDES, MICHELLE LESQ 4227 NORTHLAKE ST				Street Address (P.O. Box Number is Not Acceptable)							
PALM BEA	CH GAR										
\sim 0					etr				FL	Zip Cod	ie
8. The above gamed antity submits this statement for the purpose of Changing its registe						-1-1		- 1- d 51-1d F1			
the abligat	lons of repis	ty submits this statement to	r the purpose ovcalanding it	s register	ed office of re	gister	eo agem, or bot	n, in the State of FK	orkoa. I am i	amiliar Wiln,	and accept
	T.	Tiali. WO.	$\langle 1/1/2 \rangle$	M	./ 😽						
SIGNATURE.	Solution	or printed name of registered agent a	and little if appticable (INC)	TE Assistant	d Administrature in	equired	when reinstating)		DATE		
					******						 -
FIL After Ma	E NOWIII by 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Con		ncing 🗆	\$5. Add	.00 May Be ed to Fees				į
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S!N 11
TITLE	Р		☐ Delete	TITU	E					Change	Addition
Kame	ARANDA	, MICHAEL F		NAM	E						_
STREET ADORESS	1	TER STREET	•		ET ADDRESS						
CITY-ST-ZIP	JUPITER	, FL 33458	Deteta		-ST-ZIP					Channe	- Addition
TITLE .	DARIO, C	BARY	MEZI Deleta	TITLI	· 1					Change	☐ Addition
STREET ADDRESS	1	KE CLARKE DRIVE		STRE	EET ADDRESS						
CITY-ST-ZIP	WEST PA	ALM BEACH, FL 33406		ĊITY	-51-ZIP						
TITLE			☐ Delete	TITU						☐ Change	Addition .
NAME STREET ADDRESS	l			NAM STRE	EET ADORESS						
CITY-ST-ZIP					-ST-ZIP	_					
ITLE.			Delete	titu	£					_ Change	
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STREET ADDRESS	1			•	ET ADDRESS -ST-ZIP						
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STREET ADDRESS				STRE	ET ADDRESS						
CRY-ST-ZIP	<u> </u>			CITY	-SI-ZIP						
TITLE	1		☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS				NAM STRE	ET ADDRESS						
CITY-ST-ZIP	ļ				-\$1-ZP						
12. Thereby	certily that the	ne information supplied with	this filing does not qualify for	or the exe	mption stated	in Se	ction 119.07(3)(i), Florida Statutes.	I further cert	ily that the i	nformation
12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or frysite 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.											
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