2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90092 009 ***150.00

DOCUMENT # V42858

1. Entity Name
PSYCHSTAR, INC.

Principal Place of Business	Mailing Address
5975 SUNSET DRIVE SUITE 403 MIAMI, FL 33143 US	5975 SUNSET DRIVE SUITE 403 MIAMI, FL 33143 US

50011242

2. Principal Place of Business	3. Mailing Address
351 NW 42 AVE	351 NW 42 AVE
Suite, Apt. #, etc.: # 204	Suite/Apt. #, etc.: # 204
City & State: MIAMI - FL	City & State: MIAMI - FL
Zip: 33126-5670 Country: USA	Zip: 33126-5670 Country: USA

01122005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0390055 ☐ Applied For ☐ Not Applicable

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
GARRIDO, ANGEL E. 5975 SUNSET DRIVE SUITE 403 MIAMI, FL 33143	Name: ANGEL E. GARRIDO Street Address (P O Box Number is Not Acceptable): 351 NW 42 AVE # 204 City: MIAMI FL Zip Code: 33126

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 GARRIDO, ANGEL E. 5975 SUNSET DRIVE SUITE 505 MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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: ______________ 01/12/05 305-631-8876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #