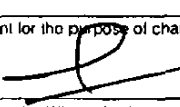
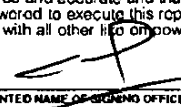


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

03-23-2007 90023 029 ***150.00

DOCUMENT # V42858																																																																				
1. Entity Name PSYCHSTAR, INC.																																																																				
Principal Place of Business 351 NW 42 AVE # 204 MIAMI FL 33126-5670 US			Mailing Address 351 NW 42 AVE # 204 MIAMI FL 33126-5670 US																																																																	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																	
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																	
City & State			City & State																																																																	
Zip	Country	Zip	Country	4. FEI Number 65-0390055																																																																
				☐ Applied For ☐ Not Applicable																																																																
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)																																																																
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																
GARRIDO, ANGEL E. 351 NW 42 AVE #204 MIAMI FL 33126				Name																																																																
				Street Address (P.O. Box Number is Not Acceptable)																																																																
				City																																																																
				FL 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  DATE 3/09/07 Signature, typed or printed name of registered agent and holder if applicable (NOTE: Registered Agent signature required when reappointing)																																																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td></td> <td>GARRIDO, ANGEL E.</td> <td>☐</td> </tr> <tr> <td></td> <td>5975 SUNSET DRIVE SUITE 505</td> <td></td> </tr> <tr> <td></td> <td>MIAMI FL 33143</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>☐</td> </tr> </table>						TITLE	NAME	Delete		GARRIDO, ANGEL E.	☐		5975 SUNSET DRIVE SUITE 505			MIAMI FL 33143																							TITLE	NAME	Delete			☐			☐			☐			☐			☐			☐			☐			☐			☐
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 info empowered.																																																																				
SIGNATURE:  04/12/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																				