

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000037091

**Entity Name:** TRI STAR MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

950 PENINSULA CORP. CIRCLE  
2000  
BOCA RATON, FL 33487

**Current Mailing Address:**

950 PENINSULA CORP. CIRCLE  
2000  
BOCA RATON, FL 33487 US

**FEI Number:** 65-0404780

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLAIR, SHAWNE  
920 ROBERTS ROAD  
DELRAY BEACH, FL 33483 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | DPS                   |
| Name            | BLAIR, SHAWNE W       |
| Address         | 920 ROBERTS ROAD      |
| City-State-Zip: | DELRAY BEACH FL 33483 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BLAIR , SHAWNE W

**DPS**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date