## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 124372**

Entity Name: STAR DISTRIBUTION SYSTEMS, INC.

FILED Jan 06, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
	DERSON WAY TY, FL 33566	, US	2302 HENDERSON WAY PLANT CITY, FL 33563	, US	
Current N	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
PO BOX 3 PLANT CI	089 TY, FL 33564	US	PO BOX 3089 PLANT CITY, FL 33563	US	
FEI Number	: 59-0169470	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
2302 HEN	LARRY W. DERSON WAY TY, FL 33563	, US			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SDT () GARCIA, AIDA, 3301 14TH STR TAMPA, FL 336		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () JIMINEZ, LARR 2302 HENDERS PLANT CITY, FL	SON WAY	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	VD () MATTIOLI, DAV	Delete D	Title: ( ) Name:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEBORAH E. VAILLANT VP 01/06/2006

3208 STONEY BROOK LN

TAMPA, FL 33618

Address: City-St-Zip: