


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 042 ***150.00

DOCUMENT # K74906	
1. Entity Name STAR PROPERTIES GROUP, INC.	

Principal Place of Business 3800 S OCEAN DR 240 Suite A-1 HOLLYWOOD, FL 33019 US 3101	Mailing Address 3101 3800 S OCEAN DR 240 Suite A-1 HOLLYWOOD, FL 33019 US
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DO NOT WRITE IN THIS SPACE

40104100



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0790661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FAIRMAN, NEIL
~~3800~~ S OCEAN DR
~~240~~ Suite A-1
HOLLYWOOD, FL 33019
3101

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3101 FAIRMAN, NEIL 3800 S OCEAN DR, Suite A-1 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 3101 ROTH, SCOTT W 3800 S OCEAN DR, Suite A-1 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST 3101 GARCIA, ROBERT J 3800 S OCEAN DR, Suite A-1 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 live empowered.

SIGNATURE:  Robert J. Garcia 4/28/08 954-630-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #