

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90139 014 \*\*\*\*50.00

<b>DOCUMENT # L03000050742</b>			
<b>1. Entity Name</b> STARMAC, LLC			
<b>Principal Place of Business</b> C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE RD, STE 324 MIAMI, FL 33126		<b>Mailing Address</b> C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE RD, STE 324 MIAMI, FL 33126	
<b>2. Principal Place of Business - No P.O. Box #</b> 10 N.W. LE JEUNE ROAD Suite, Apt. #, etc. <b>SUITE 500</b>		<b>3. Mailing Address</b> 10 N.W. LE JEUNE ROAD Suite, Apt. #, etc. <b>SUITE 500</b>	
<b>City &amp; State</b> MIAMI, FL. Zip 33126		<b>City &amp; State</b> MIAMI, FL. Zip 33126	
<b>Country</b>		<b>Country</b>	
<b>4. FEI Number</b> 90-5706598		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ESQUIRE CORPORATE SERVICES, INC. 780 NE LE JEUNE RD, STE 324 MIAMI, FL 33126		<b>7. Name and Address of New Registered Agent</b> Name ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 10 N.W. LE JEUNE ROAD STE. 500 City MIAMI FL Zip Code 33126	
<b>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.</b> SIGNATURE  DATE 01/26/07 <small>Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACEDO, JAVIER 780 NW LEJEUNE RD MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACEDO, JAVIER 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL. 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>			
<b>SIGNATURE:</b>		Date 01/26/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	