


027515

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
APR 12, 2006 08:00 AM
Secretary of State

DOCUMENT # M57247-06

1. Entry Name
STARBOARD PROPERTIES, INC.



Principal Place of Business Mailing Address

C/O NORMAN BECKER
2404 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

C/O NORMAN BECKER
2404 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2839023** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORDICH, LAWRENCE
1909 TYLER STREET
SUITE 603
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

Pay

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GORDICH, LAWRENCE			NAME			
STREET ADDRESS	1909 TYLER STREET, SUITE 603			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	EDWARD ANGELOTTI			NAME			
STREET ADDRESS	1909 TYLER STREET, SUITE 603			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	STEPHEN GORDICH			NAME			
STREET ADDRESS	1909 TYLER STREET, SUITE 603			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 like empowered.

SIGNATURE: *Edward Angelotti* **EDWARD ANGELOTTI 3/7/06**