2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
04-17-2007 90247 026 ***158.75

DOCUMENT # P04000021272

1. Entity Name
STAR ROCK ENTERPRISE INC.

Principal Place of Business	Mailing Address
700 EUCLID AVE, STE 203 MIAMI FL 33139	1717 N.BAYSHORE DR. 2644 MIAMI FL 33313-2

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1717 N. bayshore Dr.		1717 N. bayshore Dr. 2644	
Suite, Apt #, etc. 2644		Suite, Apt #, etc. 2644	
City & State Miami		City & State Miami	
Zip 33132	Country Florida	Zip 33132	Country Florida

1st MOORE CR2E034 (10/06)

4. FEI Number 51-0494991 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, LINARES
1717 N.BAYSHORE DR.
2644
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name: Linares Sanchez
Street Address (P.O. Box Number is Not Acceptable): 1717 N. bayshore Dr. #2644
City: Miami FL Zip Code: 33132

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 [signature] 5·1·07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P SANCHEZ, LINARES 1717 N. BAY SHORE DR 2644 MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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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: [signature] 5·1·07 786·859·1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #