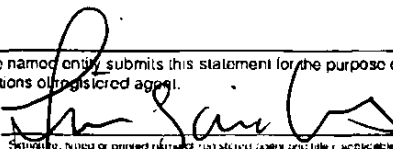
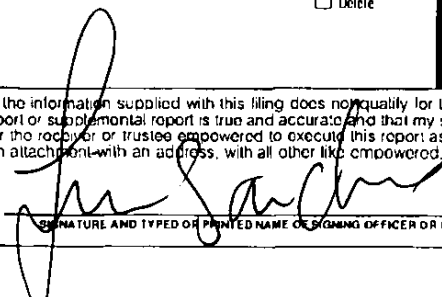


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 700 EUCLID AVE, STE 203 MIAMI FL 33139				Mailing Address 1717 N.BAYSHORE DR. 2644 MIAMI FL 33313-2	
2. Principal Place of Business - No P.O. Box # 1717 N. Bayshore Dr.		3. Mailing Address 1717 N. Bayshore Dr. 2644			
Suite, Apt. #, etc. 2644		Suite, Apt. #, etc. 2644		1st MOORE CR2E034 (10/06)	
City & State Miami		City & State Miami		4. FEI Number 51-0494991	
Zip 33132		Country Florida		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 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 				DATE 5.1.07	
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					
TITLE NAME STREET ADDRESS CITY ST ZIP	P SANCHEZ, LINARES ☐ Delete 1717 N. BAY SHORE DR 2644 MIAMI FL 33132				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
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: 				DATE 5.1.07 786-859-1234	