


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000053279

1. Entity Name
SUN STAR TELECOM CORP.



Principal Place of Business 1619 OSPREY BEND WESTON, FL 33327	Mailing Address 1619 OSPREY BEND WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0502531	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, DAILE E
 1619 OSPRAY ROAD
 FORT LAUDERDALE, FL 33327**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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	PSD RAMOS M., DAILE E 1619 OSPREY BEND WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CASTRO, JOSE 1619 OSPREY BEND WESTON, FL 33327
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 05/18/06-80063-022 158.75

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 like empowered.

SIGNATURE: Daile E. Ramos M Date: April 27-06 ⁹⁵⁴ 389-9523

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