



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90548 034 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000104246			
1. Entity Name STAR WAY LUXURY SERVICES CORP.			
Principal Place of Business 5077 PARK CENTRAL DR APT1521 ORLANDO, FL 32839		Mailing Address 5077 PARK CENTRAL DR APT1521 ORLANDO, FL 32839	
2. Principal Place of Business 11519 THURSTON WAY Suite, Apt. #, etc.		3. Mailing Address 11519 THURSTON WAY Suite, Apt. #, etc.	
City & State ORLANDO - FL		City & State ORLANDO - FL	
Zip 32837	Country ORANGE	Zip 32837	Country ORANGE
6. Name and Address of Current Registered Agent SANTOS, DALTON F JR 5077 PARK CENTRAL DR APT#1521 ORLANDO, FL 32839		4. FEI Number 20-1369840	
7. Name and Address of New Registered Agent Name DALTON SANTOS Street Address (P.O. Box Number is Not Acceptable) 11519 THURSTON WAY City ORLANDO FL Zip Code 32837		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 04-29-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, DALTON F JR 5077 PARK CENTRAL DR APT#1521 ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, DALTON F JR 11519 THURSTON WAY ORLANDO-FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 04-29-05 (407) 808-5539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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