* 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000144158

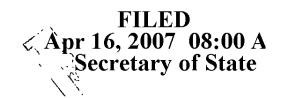
1. Entity Name
STAR GARAGE CORPORATION



Principal Place of Business

% SAUL SILBER PROPERTIES 3434 SW 24TH AVE. SUITE A GAINESVILLE, FL 32607 Mailing Address

% SAUL SILBER PROPERTIES 3434 SW 24TH AVE. SUITE A GAINESVILLE, FL 32607





01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0652678

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBER, SAUL 2130 NW 24TH AV GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Registere	d Agent signatur	e required when reinstating)	DATE
FILE NOWIL! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SILBER, SAUL 901 NW 8TH AV #B6 GAINESVILLE, FL 32601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEHMORIAS, ALAN 901 NW 8TH AV #B6 GAINESVILLE, FL 32601				U00000706784 04/24/07-80049-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE NAME STREET ADDRESS CITY-ST-7/P		_			

12. I hereby certify that the information supplied with this filling 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 recover 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.

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SIGNATURE AND TO SED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

C352/C338

Daytime Phone #

Jaco