

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/2/2007-90100-035-\$150.00-\$150.00

FILED

07 APR 19 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06) **07**

DOCUMENT # P06000109785

1. Entity Name
REAL STAR SERVICE INC

Principal Place of Business 2200 N SHERMAN CIRCLE 101 MIRAMAR FL 33025	Mailing Address 2200 N SHERMAN CIRCLE 101 MIRAMAR FL 33025
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2. Principal Place of Business - No P.O. Box # 2200 N SHERMAN CIRCLE	3. Mailing Address 2200 N SHERMAN CIRCLE
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101

City & State MIRAMAR - FL	City & State MIRAMAR - FL
Zip 33025	Country USA

4. FEI Number **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALMADA, JUAN R
2200 N SHERMAN CIRCLE
101
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name **ALMADA JUAN R.**

Street Address (P.O. Box Number is Not Acceptable)
2200 N SHERMAN CIRCLE APT. 101

City **MIRAMAR** FL Zip Code **33025**

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 **03-26-07**

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

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 11	
TITLE P	NAME ALMADA, JUAN R	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2200 N SHERMAN CIRCLE			
CITY-STATE-ZIP MIRAMAR FL 33025			
TITLE V	NAME VILLARREAL, SILVIA E	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2200 N SHERMAN CIRCLE			
CITY-STATE-ZIP MIRAMAR FL 33025			
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-STATE-ZIP			

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 **03-26-07** 954-4331512

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