


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 8:00 am
Secretary of State

03-11-2008 90019 048 ***150.00

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 Suite, Apt. #, etc. # 101	3. Mailing Address 2200 N SHERMAN CIRCLE Suite, Apt. #, etc. # 101
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City & State MIRAMAR - FL	City & State MIRAMAR - FL
Zip 33025	Country
Zip 33025	Country

66005559



1st MOORE CR2E034 (10/07)
20-5431898

A. FEI Number **NEEDED FOR** Applied For
20-5431898 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 _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALMADA, JUAN R 2200 N SHERMAN CIRCLE MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VILLARREAL, SILVIA E 2200 N SHERMAN CIRCLE MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **Director** **February 29, 2008** **9544331516**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR