


05-02-2007 90074 037 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000001680					
1. Entity Name STAR INVESTMENTS, INC.					
Principal Place of Business 700 TYRONE BLVD. ST. PETERSBURG, FL 33710		Mailing Address 700 TYRONE BLVD. ST. PETERSBURG, FL 33710			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3353646	
Zip		Country		<input type="checkbox"/> Apply For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required		04262007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATEL, SANDIP I 18167 U.S. HIGHWAY 19 NORTH, SUITE 150 2240 BELLEAIR ROAD, SUITE 160 33764 WATER, FL 34624			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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHAH, SAMIR	NAME			
STREET ADDRESS	700 TYRONE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHAH, SHILPA	NAME			
STREET ADDRESS	700 TYRONE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, KIRIT	NAME			
STREET ADDRESS	700 TYRONE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, RAJU	NAME			
STREET ADDRESS	700 TYRONE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, VIJAY	NAME			
STREET ADDRESS	700 TYRONE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, RAMILA	NAME			
STREET ADDRESS	700 TYRONE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
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: <u>Samir C. Shah (SAMIR C. SHAH)</u>		Date: <u>4/29/07</u>		Daytime Phone #: <u>727-384-5959</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	