

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089245

FILED
Jul 31, 2008
Secretary of State

Entity Name: STAR TRAVEL, TOUR & SERVICES, INC.

Current Principal Place of Business:

510 DOUGLAS AVE
1019
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

510 DOUGLAS AVE
1019
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3541874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDRE, REINALDO
510 DOUGLAS AVE
1019
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RSANDRE CORREC. SEG.,
Address: AV. RIO BRANCO 1457 A, #G
City-St-Zip: SAN PAULO-BR-12005/001,

Title: P () Delete
Name: BLANCO, ADRIANA S
Address: 2590 54 ST SW
City-St-Zip: NAPLES, FL 32116 US

Title: S () Delete
Name: CHIKARI, MARIA
Address: 555 SABAL PALM CIR
City-St-Zip: ALTAMONTE SPINGS, FL 32701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIKARI MARIA

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07/31/2008

Electronic Signature of Signing Officer or Director

_____ Date