

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252886

FILED
Jan 06, 2004
Secretary of State

Entity Name: STAR PHARMACEUTICALS, INC.

Current Principal Place of Business:

1990 N.W. 44TH STREET
POMPANO BEACH, FL 330645712

New Principal Place of Business:

1881 WEST STATE ROAD 84
101
FORT LAUDERDALE, FL 33315 US

Current Mailing Address:

200 EAST LAS OLAS BLVD
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-1003609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM T ESQ.
200 EAST LAS OLAS BLVD
19TH FLOOR
FORT LAUDERDALE, FL 33301

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FINLEY, GERARD M
Address: 234 LOMBARD STREET
City-St-Zip: PHILADELPHIA, PA 19147

Title: S () Delete
Name: FINLEY, MELANIE
Address: 1990 NW 44TH STREET
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: GERARD M. FINLEY

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date