


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # 261320
1. Entity Name
STAR TRAVEL, INC.



Principal Place of Business 13899 BISCAYNE BLVD 102 NORTH MIAMI BEACH, FL 33181 US	Mailing Address 13899 BISCAYNE BLVD 102 NORTH MIAMI BEACH, FL 33181 US
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

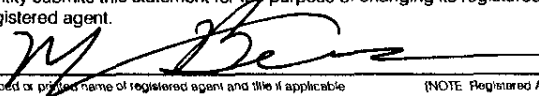
4. FEI Number 59-0993385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**BESSER, RICHARD
13899 BISCAYNE BLVD
102
NORTH MIAMI BEACH, FL 33181**

**DO NOT WRITE
IN THIS SPACE**

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: **3/7/08**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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


1100000852576
03/26/08-80034-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BESSER, RICHARD 13899 BISCAYNE BLVD, STE 102 NORTH MIAMI BEACH, FL 33181
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE: **3/7/08**

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