2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 566424 1. Entity Name STAR HANDBAGS, INC.



FILED Feb 13, 2008 08:00 Al Secretary of State

Principal Place of Business

2101 WEST 4TH AVENUE HIALEAH, FL 33010

Mailing Address

2101 WEST 4TH AVENUE HIALEAH, FL 33010



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1823597

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

VALDES, OVIDIO JR 4110 SW 135 AVENUE MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

				•	
8. The above the obligation	named entity submits this statement for the pons of registered agent.	urpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and little it	applicable (NOTE: Registered	d Agent signature o	equired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		• .	
STREET ADDRESS	PD VALDES, OVIDIO, JR 4110 SW 135 AVE. MIAMI, FL				
STREET ADDRESS	ST VALDES, OVIDIO, JR 4110 S.W. 135 AVE. MIAMI, FL				U00000825827 02/21/08-80024-024 158:75*
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		X-1-1-		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				
12. Thereby 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 receive changed, or on an attachment stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SNING OFFICER OR DIRECTOR

3 N PSS-4459