## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # 636251** 1. Entity Name STARICH CORPORATION

**FILED** Feb 09, 2005 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

5500 NW 69 AVE

P.O. BOX 5524

LAUDERHILL, FL 33319 US

FORT LAUDERDALE, FL 33310-5524



## DO NOT WRITE IN THIS SPACE

No Chg-P

4. FEI Number 59-1938675

02072005

Applied For Not Applicable

5. Certificate of Status Desired

STANIOIR BOSENHAM 2/7/05 954572212

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

					,
ROSENTHAL, STANLEY 5500 NW 69 AVE LAUDERHILL, FL 33319			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 Sgnature, typed or printed name of registered agent and little it applicable (NOTE Registered Agent signature required when roinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution,	neing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	OTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENTHAL, STANLEY 5500 NW 69 AVE LAUDERHILL, FL				······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENTHAL, BARBARA M. 5500 NW 69 AVE LAUDERHILL, FL				H00000221751 02/09/05-80046-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental feport 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 true empoyaged 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 impowered.					