## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 636251 1. Entity Name STARICH CORPORATION



FILED Feb 09, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

5500 NW 69 AVE

P.O. BOX 5524

LAUDERHILL, FL 33319

FORT LAUDERDALE, FL 33310-5524



## DO NOT WRITE IN THIS SPACE

02052007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-1938675
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, STANLEY 5500 NW 69 AVE LAUDERHILL, FL 33319

## DO NOT WRITE

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_	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Registered	Agent signature	required when reinstating)		DATE · ,	<del></del> .
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			-
10.	OFFICERS AND DIRECT	TORS	ं संदेश	and the same	Marin Maka Marin		No.
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				.02220707+80 .02220707+80		.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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 cath; that I am an officer or director of the corporation or the receiver or this tie 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.

STANLEY R. ROSENTHAL

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President

NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 95457221

Daylime Phone #