

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90023 021 ***150.00

DOCUMENT # 636251			
1. Entity Name STARICH CORPORATION			
Principal Place of Business 5500 NW 69 AVE LAUDERHILL, FL 33319 US		Mailing Address P.O. BOX 5524 FORT LAUDERDALE, FL 33310-5524	
2. Principal Place of Business - No P.O. Box # 11154 SEA GRASS CIRCLE		3. Mailing Address 11154 SEA GRASS CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33498		Country USA	
Zip 33498		Country USA	
4. FEI Number 59-1938675		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENTHAL, STANLEY 5500 NW 69 AVE LAUDERHILL, FL 33319		7. Name and Address of New Registered Agent Name ROSENTHAL, STANLEY Street Address (P.O. Box Number is Not Acceptable) 11154 SEA GRASS CIRCLE City BOCA RATON FL Zip Code 33498	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENTHAL, STANLEY 5500 NW 69 AVE LAUDERHILL, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENTHAL, STANLEY 11154 SEA GRASS CIRCLE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENTHAL, BARBARA M. 5500 NW 69 AVE LAUDERHILL, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENTHAL, BARBARA M. 11154 SEA GRASS CIR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		STANLEY R. ROSENTHAL President	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/28/08 Daytime Phone # 954-941-2290	