

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006186

Entity Name: STAR 21 FUNDING INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

601 PORTION ROAD, #204  
LAKE RONKONKOMA, NY 11779

## New Principal Place of Business:

3275 VETERANS MEMORIAL HIGHWAY  
B-12  
RONKONKOMA, NY 11779

## Current Mailing Address:

601 PORTION ROAD, #204  
LAKE RONKONKOMA, NY 11779

## New Mailing Address:

3275 VETERANS MEMEORIAL HIGHWAY  
B-12  
RONKONKOMA, NY 11779

FEI Number: 11-3058623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROPIANO, CHRISTOPHER  
101 SEA ISLAND AVE.  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: TAMASI, GREGORY A  
Address: 601 PORTION ROAD, #204  
City-St-Zip: LAKE RONKONKOMA, NY 11779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: TAMASI, GREGORY A  
Address: 3275 VETERANS MEMORIAL HIGHWAY  
City-St-Zip: RONKONKOMA, NY 11779

Title: PCD ( ) Change (X) Addition  
Name: ROJAS, JIM R  
Address: 3275 VETERANS MEMORIAL HIGHWAY  
City-St-Zip: RONKONKOMA, NY 11779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY TAMASI

PCD

04/29/2005

Electronic Signature of Signing Officer or Director

Date