## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F04000001107

L Entity Name

DAVIES AND STARR, INC. OF NEW YORK



Principal Place of Business

Mailing Address

568 BROADWAY, FOOM 503 NEWYORK NY 10012

568 BROYDWAY, ROOM503 NEWYCRK, NY 10012

## FILED May 03, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 04252005

4. FEI Number | Applied For | 13-3749466 | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

STARR, CAROL 210 VINTAGE CIRCLE #402 NAPLES, FL 34119

## DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and title in	1 applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.   Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		<del></del>	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PC DAVIES, CHALKIE 261 BROADWAY APT 3E NEW YORK, NY 10007			UBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SF-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				, -	

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 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.

CICMATUDE

4/28/05