

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003437

FILED
Feb 03, 2008
Secretary of State

Entity Name: NATIONAL STAR SERVICES, INC.

Current Principal Place of Business:

2047 MEADOW POND WAY
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 721386
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 59-3803052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CACHAYA, DIANA
2047 MEADOW POND WAY
ORLANDO, FL 32824 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: P () Delete
Name: CACHAYA, DIANA
Address: 2047 MEADOW POND WAY
City-St-Zip: ORLANDO, FL 32824

Title: V () Delete
Name: QUINONES, OSCAR
Address: 2047 MEADOW POND WAY
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: CACHAYA, LINA
Address: 4751 SW 42 TERR
City-St-Zip: FT. LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUINONES, OSCAR
Address: 2047 MEADOW POND WAY
City-St-Zip: ORLANDO, FL 32824

Title: T (X) Change () Addition
Name: CACHAYA, JESUS
Address: 221 SCARLET RIDGE CT
City-St-Zip: BRENTWOOD, TN 37027

Title: S (X) Change () Addition
Name: CACHAYA, LINA
Address: 157 HOLLAND AVE
City-St-Zip: WHITE PLAINS, NY 10603

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OSCAR QUINONES

P

02/03/2008

Electronic Signature of Signing Officer or Director

_____ Date