


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2006 8:00 am
Secretary of State

02-02-2006 90068 039 ***158.75

DOCUMENT # F93000000486					
1. Entity Name STAR CLIPPERS, LTD, CORP.					
Principal Place of Business 7200 NW 19TH STREET SUITE 206 MIAMI, FL 33126			Mailing Address 7200 NW 19TH STREET SUITE 206 MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0378039	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHATHAM, JACK 7200 NW 19TH STREET SUITE 206 MIAMI, FL 33126			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DCP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAFFT, MIKAEL		NAME		
STREET ADDRESS	ERMANNO PALACE 27 BD ALBERT IRR		STREET ADDRESS		
CITY-ST-ZIP	MONACO,		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHATHAM, JACK		NAME	CHATHAM, JACK	
STREET ADDRESS	4101 SALBEDO STREET		STREET ADDRESS	7200 NW 19TH STREET, SUITE 206	
CITY-ST-ZIP	CORAL GABLES, FL 33148		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENZETTI, CHRISTIAN		NAME		
STREET ADDRESS	ERMANNO PALACE 27 BD ALBERT IRR		STREET ADDRESS		
CITY-ST-ZIP	MONACO,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>Jack Chathan</u>			2-20-06 3054420550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66002147



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ATTACHMENT



66 002/47

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

STAR CLIPPERS, LTD, CORP.
7200 NW 19TH STREET
SUITE 206
MIAMI, FL 33126

Subject: STAR CLIPPERS, LTD, CORP.

Reference Number: F93000000486

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION