


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000000205		
1. Entity Name STAR RUBY REALTY CORP.		

FILED

04 SEP -3 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 550 MAMARONECK AVE. HARRISON, NY 10528	Mailing Address 2250 AVENIDA DEL VERA FORT MYERS, FL 33917
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2. Principal Place of Business 12800 University Dr. Suite, Apt. #, etc. Suite 400 City & State Ft. Myers, Florida 33097 Zip Country	3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country
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08252004 Chg-P CR2E034 (10/03)

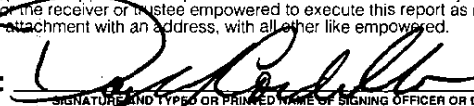
6. Name and Address of Current Registered Agent CALLAHAN, W S 37 N ORANGE AVE STE 200 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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	DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEN, MICHAEL 2250 AVENIDA DEL VERA FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rosen, Michael 12800 University Drive, Suite 400 Ft. Myers, FL 33097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, DAVE 2250 AVENIDA DEL VERA FORT MYERS, FL 33917 <input checked="" 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	V CORDELLO, DOUG 2250 AVENIDA DEL VERA FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cordello, Doug 12800 University Drive, Suite 400 Ft. Myers, Florida 33097 <input checked="" 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 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.	
SIGNATURE:  V.P. 8/31/04	DATE: 8/31/04



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 874190 7107883

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 550.00

ORDER DATE : September 3, 2004

ORDER TIME : 10:38 AM

ORDER NO. : 874190-010

CUSTOMER NO: 7107883

CUSTOMER: Ms. Anne Winsor
Stump Storey & Callahan, P.a.
Suite 200
37 North Orange Ave..
Orlando, FL 32801

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 SEP -3 PM 12:51

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ANNUAL REPORT FILING

NAME: STAR RUBY REALTY CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____