

2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90164 001 ***317.50

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03182008 Chg-P CR2E034 (12/06)

DOCUMENT # F98000006861					
1. Entity Name STARBOARD HOLDINGS, LTD. INCORPORATED					
Principal Place of Business 8400 NW 36TH STREET 600 MIAMI, FL 33166			Mailing Address 8400 NW 36TH STREET 600 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2143928	
				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		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRENNAN, EDWARD J	<input checked="" type="checkbox"/>	NAME	Ranni Morrison	
STREET ADDRESS	4005-8 ONE EXCHANGE SQ, 8 CONNAUGHT		STREET ADDRESS	8400 NW 36th street, suite 600	
CITY-ST-ZIP	CENTRAL, HONG KONG.		CITY-ST-ZIP	Miami, FL 33166	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORRIS, ROBIN	<input checked="" type="checkbox"/>	NAME		
STREET ADDRESS	8400 NW 36TH ST STE 600		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUZUKI, DAVID A	<input checked="" type="checkbox"/>	NAME		
STREET ADDRESS	4005-8 ONE EXCHANGE SQ, 8 CONNAUGHT		STREET ADDRESS		
CITY-ST-ZIP	CENTRAL, HONG KONG.		CITY-ST-ZIP		
TITLE	V/T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAELIDES, ARES		NAME	Michaelides, Ares	
STREET ADDRESS	8400 N W 36TH ST STE 600		STREET ADDRESS	8400 NW 36th street, suite 600	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	Miami, FL 33166	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANGUM, STEVE	<input checked="" type="checkbox"/>	NAME		
STREET ADDRESS	4005-8 ONE EXCHANGE SQ, 8 CONNAUGHT		STREET ADDRESS		
CITY-ST-ZIP	CENTRAL, HONG KONG.		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZACHARIA, MICHAEL E	<input checked="" type="checkbox"/>	NAME		
STREET ADDRESS	4005-8 ONE EXCHANGE SQ, 8 CONNAUGHT		STREET ADDRESS		
CITY-ST-ZIP	CENTRAL, HONG KONG.		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: 		Ares Michaelides		4/8/07 (786) 845-7433	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	