

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90054 047 ***150.00

DOCUMENT # H43654

1. Entity Name

SEA STAR ENTERPRISES, INC.



Principal Place of Business

C/O JUGAL B. SHAH
326 HAMDEN DR
CLEARWATER BEACH FL 33767

Mailing Address

C/O JUGAL B. SHAH
326 HAMDEN DR
CLEARWATER FL 33767
US

24050734

2. Principal Place of Business

~~SEA STAR~~
~~CLEARWATER BEACH~~
~~REPORT~~

3. Mailing Address

~~326 HAMDEN DR~~
~~FL~~



MOORE

CR2E034 (11/03)

City & State

~~CLEARWATER, FL~~

City & State

~~CLEARWATER, FL~~

4. FEI Number

59-2660954

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAH, JUGAL B.
326 HAMDEN DR
CLEARWATER BEACH FL 33767

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAH, JUGAL B.
STREET ADDRESS 326 HAMDEN DR
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE D
NAME SHAH, MANNA J.
STREET ADDRESS 326 HAMDEN DR
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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:

Jugal B. Shah (JUGAL B. SHAH)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04
Date

727/446 6174
Daytime Phone #