

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K12565

Entity Name: STAR-DAVID CAB, INC.

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2315 NE 194TH STREET  
NORTH MIAMI BEACH, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2315 NE 194TH STREET  
NORTH MIAMI BEACH, FL 33180

**New Mailing Address:**

FEI Number: 65-0166770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ITZHAK BACHAR, P.A.  
1400 N.E. MIAMI GARDENS DRIVE  
SUITE 219  
MIAMI, FL 33179 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: PDS  
Name: BACHAR, ROZA  
Address: 2315 NE 194TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: VPD  
Name: BACHAR, SHARON  
Address: 2315 NE 194TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: SHARON BACHAR

PDS

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date