

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L02764 1. Entity Name STAR BRITE EUROPE, INC.	
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Principal Place of Business 4041 SW 47TH AVE FT LAUDERDALE, FL 33314	Mailing Address 4041 SW 47TH AVE FT LAUDERDALE, FL 33314
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0132667	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DORNAU, PETER 4041 SW 47TH AVE FT LAUDERDALE, FL 33314

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IN THIS SPACE**

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: Type or printed name of registered agent on this line (optional). (NOTE: Registered Agent signature required when fee status is) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U99999340425

04/28/05-80117-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DORNAU, PETER 1601 SE 10 STREET FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DORNAU, MAUREEN 1601 SE 10 STREET FORT LAUDERDALE, FL 33317
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IN THIS SPACE**

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 entries.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____