



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90100 014 \*\*\*150.00

<b>DOCUMENT # L38270</b> 1. Entity Name <b>STARCOM ASSOCIATES, INC.</b>					
Principal Place of Business <b>6815 33RD ST</b> <b>VERO BEACH, FL 32966 US</b>			Mailing Address <b>6815 33RD ST</b> <b>VERO BEACH, FL 32966 US</b>		
2. Principal Place of Business <b>2032 OLD DIXIE HWY SE</b> Suite, Apt. #, etc. <b>UNIT #3</b>		3. Mailing Address <b>2032 OLD DIXIE HWY SE</b> Suite, Apt. #, etc. <b>UNIT #3</b>			
City & State <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>		4. FEI Number <b>65-0163843</b>	
Zip <b>32962</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GERBHARDT, MICHAEL J.</b> <b>6815 33RD ST</b> <b>VERO BEACH, FL 32966</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>465 WATERS DRIVE</b> City <b>ST. LUCIE VILLAGE</b> <b>FL</b> Zip Code <b>34946</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GERBHARDT, MICHAEL J. 6815 33RD ST. VERO BEACH, FL 32966	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>465 WATERS DRIVE</b> <b>ST. LUCIE VILLAGE, FL 34946</b>	<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
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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: <u><i>Michael J. Gerhardt</i></u> <b>MICHAEL J. GERBHARDT, Pres.</b> <b>4/4/2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					