

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90007 036 \*\*\*163.75

**DOCUMENT # M23055**

1. Entity Name  
STARDAN REALTY, INC.



Principal Place of Business

829 SW 8 STREET  
MIAMI, FL 33130 US

Mailing Address

8 WINDFLOWER PL  
DURHAM, NC 27705-1957 US

40101111



**DO NOT WRITE IN THIS SPACE**

05142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2603157

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MCDANIEL, JOHN  
829 SW 8 STREET  
MIAMI, FL 33130

**DO NOT WRITE  
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 a 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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MCDANIEL, JOHN  
8 WINDFLOWER PL  
DURHAM, NC 27705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTS  
MCDANIEL, ATHENA  
8 WINDFLOWER PL  
DURHAM, NC 27705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Randolph McDaniel Jr., PRES.*  
JOHN RANDOLPH MC DANIEL JR., PRES.

Date

Daytime Phone #

15 MAY 2008 (919) 382-8339