

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M51115

FILED
Jan 09, 2009
Secretary of State

Entity Name: STAR ISLAND DEVELOPMENT CORP.

Current Principal Place of Business:

5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-2868800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, HILLEL
5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746 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: D () Delete
Name: SHEPPARD, JENNIFER
Address: 4875 PINETREE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: PCBS () Delete
Name: MEYERS, HILLEL
Address: 4875 PINETREE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: V () Delete
Name: SINCLAIR, CYNTHIA
Address: 5000 AVENUE OF THE STARS
City-St-Zip: KISSIMMEE, FL 34746

Title: TV () Delete
Name: FINOCCHIARO, VICTORIA
Address: 5000 AVENUE OF THE STARS
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHEPPARD, JENNIFER
Address: 4875 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: PCSD (X) Change () Addition
Name: MEYERS, HILLEL
Address: 4875 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD (X) Change () Addition
Name: SINCLAIR, CYNTHIA
Address: 5000 AVENUE OF THE STARS
City-St-Zip: KISSIMMEE, FL 34746

Title: TVD (X) Change () Addition
Name: FINOCCHIARO, VICTORIA
Address: 5000 AVENUE OF THE STARS
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VICTORIA FINOCCHIARO

CFO

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date