


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006258 1. Entity Name STARBOT, INC.	
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Principal Place of Business 7865 SW 21 TERRACE MIAMI, FL 33155	Mailing Address 7865 SW 21 TERRACE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 66-1142455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA DE QUEVEDO, NOLA
7865 SW 21 TERRACE
MIAMI, FL 33155

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE QUEVEDO, NOLA GARCIA 7865 SW 21 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKWELL, ALAN 7865 SW 21 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA DE QUEVEDO, LOLA 7865 SW 21 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

1000000701090
04/20/07-80045-003 150.00

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 617, 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** **Date** **Daytime Phone #**

[Signature] 3052616251