


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N35889

1. Entity Name
STAR SINGLES INC.



Principal Place of Business % KENNETH A. GOTTLIEB 125 N 46TH AVE HOLLYWOOD, FL 33021	Mailing Address % KENNETH A. GOTTLIEB 125 N 46TH AVE HOLLYWOOD, FL 33021
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03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0178721	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

GOTTLIEB, KENNETH A
 125 N 46TH AVE
 HOLLYWOOD, FL 33021

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000116246 04/16/04-80057-001 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERT, SAMUEL P.O. BOX 7313 N/A HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERT, MICHAEL P.O. BOX 7313 N/A HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERT, PINKE P.O. BOX 7313 N/A HOLLYWOOD, FL
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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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 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 lines empowered.

SIGNATURE: *Samuel Halpert* **SAMUEL HALPERT** President 4/16/04 9549226562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #