

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35889

FILED
Apr 27, 2007
Secretary of State

Entity Name: STAR SINGLES INC.

Current Principal Place of Business:

9720 STIRLING RD #212
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

9720 STIRLING RD #212
COOPER CITY, FL 33024

New Mailing Address:

FEI Number: 65-0178721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFEE, MICHAEL CPA PA
9720 STIRLING RD #212
COOPER CITY, FL 33024 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALPERT, SAMUEL
Address: P.O. BOX 7313 N/A
City-St-Zip: HOLLYWOOD, FL

Title: D () Delete
Name: HALPERT, MICHAEL
Address: P.O. BOX 7313 N/A
City-St-Zip: HOLLYWOOD, FL

Title: D () Delete
Name: HALPERT, PINKE
Address: P.O. BOX 7313 N/A
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JAFFEE

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04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date