

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90007 031 ***150.00

94008291



DOCUMENT # P00000091092 1. Entity Name STAR PROMOTION USA, INC.																															
Principal Place of Business 3248 70TH ST. N. ST. PETERSBURG, FL 33740		Mailing Address 3248 70TH ST. N. ST. PETERSBURG, FL 33740																													
2. Principal Place of Business 5401 Bentgrass Drive Suite, Apt. #, etc. #101		3. Mailing Address 1192 35 AVE NE 5401 Bentgrass Drive Suite, Apt. #, etc. #101																													
City & State Sarasota, FL 34235		City & State ST. PETERSBURG, FL Sarasota, FL 34235																													
Zip 33704	Country 	Zip 33704	Country 																												
4. FEI Number 59-3675803		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent SCIANDRA, JAMES C 3248 70TH ST. N. ST. PETERSBURG, FL 33740 5401 Bentgrass Drive #101 Sarasota, FL 34235		7. Name and Address of New Registered Agent Name CHARLES L. SCIANDRA Street Address (P.O. Box Number is Not Acceptable) 1192 35 AVE NE City ST. PETERSBURG FL Zip Code 33704																													
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 <i>X C. L. Sciandra</i> (NOTE: Registered Agent signature required when reinstating) DATE _____																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP PD SCIANDRA, CHARLES L 3248 70TH ST. N. ST. PETERSBURG, FL 33740 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP RA SCIANDRA, JAMES C 2408 ORIGOAKS CIRCLE SARASOTA, FL 34232 </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP PD SCIANDRA, CHARLES L 3248 70TH ST. N. ST. PETERSBURG, FL 33740	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP RA SCIANDRA, JAMES C 2408 ORIGOAKS CIRCLE SARASOTA, FL 34232	<input type="checkbox"/> Delete											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP 1192 35 AVE NE 5401 Bentgrass Drive, #101 Sarasota, FL 34235 ST. PETE, FL 33704 </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP 1192 35 AVE NE 5401 Bentgrass Drive, #101 Sarasota, FL 34235 ST. PETE, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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 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: <i>X C. L. Sciandra</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>X 1/28/04</i> <i>X 727-278-4588</i> Date Daytime Phone #																													