

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90118 042 ***150.00

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1. Entity Name

P & C STARR HOLDINGS, INC.



Principal Place of Business

5161 COLLINS AV
UNIT 714
MIAMI FL 33140

Mailing Address

5161 COLLINS AV
UNIT 714
MIAMI FL 33140

2. Principal Place of Business

3. Mailing Address

1312 Monument Street

Suite, Apt. #, etc.

City & State

Pacific Palisades, CA

Zip

90272

Country

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

52-2295692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, ERIC P ESQ.
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STARR, MELISSA	
STREET ADDRESS	5161 COLLINS AVE APT 714	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARR, MARK	
STREET ADDRESS	5161 COLLINS AVE AP 714	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa Starr	
STREET ADDRESS	1312 Monument Street	
CITY-ST-ZIP	Pacific Palisades, CA 90272	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Starr	
STREET ADDRESS	1312 Monument Street	
CITY-ST-ZIP	Pacific Palisades, CA 90272	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: MStarr - Melissa Starr - Director 2/20/06 310 4541566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #