

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90010 012 ***158.75

DOCUMENT # P01000027394					
1. Entity Name STHAR SERVICES, INC.					
Principal Place of Business 7999 SW 152 AVE #1 MAIMI, FL 33193			Mailing Address 7999 SW 152 AVE #1 MAIMI, FL 33193		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1088050	
Zip		Zip		Country	
6. Name and Address of Current Registered Agent PRECIADO, NANSI L 7999 SW 152 AVE #1 MAIMI, FL 33193				7. Name and Address of New Registered Agent Name <u>HECTOR PRECIADO</u> Street Address (P.O. Box Number is Not Acceptable) <u>7999 SW 152 AVE</u> <u>#1</u> City <u>MIAMI</u> FL <u>33193</u>	
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 <u>Hector Preciado</u> DATE <u>1/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST PRECIADO, NANSI L 7999 SW 152 AVE #1 MAIMI, FL 33193	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST PRECIADO, HECTOR 7999 SW 152 AVE #1 MIAMI, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRECIADO, NANSI L 7999 SW 152 AVE #1 MAIMI, FL 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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 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 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: <u>Hector Preciado</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/31/06</u> (305) 382-9856 <small>Daytime Phone #</small>		