


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000036971 1. Entity Name STARLA FIRST, INC.	
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Principal Place of Business
**3349 NE 33RD ST.
FT. LAUDERDALE, FL 33308**

Mailing Address
**3349 NE 33RD ST.
FT. LAUDERDALE, FL 33308**



05242004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2161475	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RONCATTI, NELIDA S
3349 NE 33RD ST.
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RONCATTI, NELIDA S 3349 NE 33RD ST. FT. LAUDERDALE, FL 33308
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U000000161600
05/27/04-80002-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nelida S Roncatti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 24 04 NY-JW-6937
Date Daytime Phone