

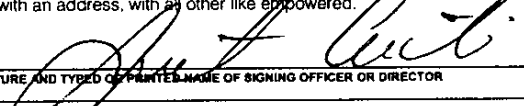


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90021 007 \*\*\*150.00

<b>DOCUMENT # P01000051675</b>			
1. Entity Name <b>STARR MAX INC.</b>			
Principal Place of Business <b>4045 PINELLA CIRCLE #641 PALM BEACH GARDENS, FL 33410</b>		Mailing Address <b>4045 PINELLA CIRCLE #641 PALM BEACH GARDENS, FL 33410</b>	
2. Principal Place of Business - No P.O. Box # <b>STARR MAX INC.</b>		3. Mailing Address <b>STARR MAX INC.</b>	
Suite, Apt. #, etc. <b>630 S. SAPODILLA AVE PH 20</b>		Suite, Apt. #, etc. <b>630 S. SAPODILLA AVE PH 20</b>	
City & State <b>WEST PALM BEACH FLORIDA</b>		City & State <b>WEST PALM BEACH FLORIDA</b>	
Zip <b>33401</b>	Country <b>U.S.A.</b>	Zip <b>33401</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>JUSUF F. (JOSEPH) CAMILLI 4045 PINELLA CIRCLE #641 PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name <b>JULIE F. (JOSEPH) CAMILLI</b> Street Address (P.O. Box Number is Not Acceptable) <b>630 S. SAPODILLA AVE PH 20</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33401</b>	
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:  DATE: <b>MAY-07-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JUSUF F. (JOSEPH) CAMILLI 22040 PALMS WAY #204 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: <b>MAY-07-07</b> DAYTIME PHONE #: <b>561-622-2515</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	