

FILED
Jun 16, 2006 8:00 am
Secretary of State


5/5

05-05-2006 90187 014 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000081324

1. Entity Name
STAR LUX, INC.



Principal Place of Business
**400 SOUTH DIXIE HWY. #4
 HALLANDALE BEACH, FL 33009**

Mailing Address
**400 SOUTH DIXIE HWY. #4
 HALLANDALE BEACH, FL 33009**

66019404



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1138097

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAGDADI, ROGER
 400 S. DIXIE HWY.
 HALLANDALE BEACH, FL 33009**

**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 re-electing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAGDADI, RUGGIERO 400 SOUTH DIXIE HIGHWAY SUITE 4 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGDADI, RAQUEL 400 SOUTH DIXIE HIGHWAY SUITE 4 HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: X _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____