


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90029 047 \*\*\*150.00

<b>DOCUMENT # P02000038057</b>																																																																																																																																																					
<b>1. Entity Name</b> <b>M. STARR INCORPORATED</b>																																																																																																																																																					
<b>Principal Place of Business</b> 2425 NE 26TH ST. LIGHTHOUSE POINT, FL 33064			<b>Mailing Address</b> 2425 NE 26TH ST. LIGHTHOUSE POINT, FL 33064																																																																																																																																																		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
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Country		Country		Country																																																																																																																																																	
<b>6. Name and Address of Current Registered Agent</b>  DICRESCENZO, ANGELA D CPA QTA ASSOCIATES INC. 3711 NE 27 AVE LIGHTHOUSE POINT, FL 33064				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 3170 N. Federal Hwy Suite 103C City Lighthouse Point FL 33064																																																																																																																																																	
<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.</b>																																																																																																																																																					
SIGNATURE <u>Angela Di Crescenzo</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/10/2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>																																																																																																																																																					
<b>SIGNATURE:</b> <u>X Marata Kocher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					
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