

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


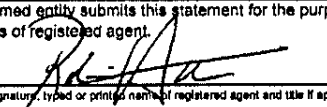
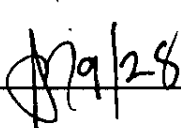
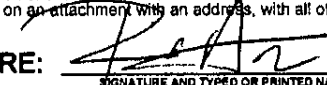
2011 SEP 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800202591338

04/19/11--01002--013 **150.00

(P02000040847P)

DOCUMENT # P02000040847			
1. Entity Name STARKS & STARKS PRODUCTIONS, INC.			
Principal Place of Business 20801 BISCAYNE BLVD, SUITE 403 AVENTURA, FL 33180		Mailing Address 20801 BISCAYNE BLVD, SUITE 403 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 18851 N.E. 29 AVE		3. Mailing Address P.O. Box 693421	
Suite, Apt. #, etc. Suite: 700		Suite, Apt. #, etc.	
City & State Aventura, FLA. 33		City & State MIAMI, FLA.	
Zip 33180		Zip 33269	
Country USA		Country USA	
4. FEI Number 03-0391785		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARKS, ROBIN R 20801 BISCAYNE BLVD. SUITE 403 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Premier Business Center Street Address (P.O. Box Number is Not Acceptable) 18851 N.E. 29 AVE Suite: 700 City Aventura FL Zip Code 33180	
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 		04/23/2011	
FILE NOW!!! FEE IS \$550.00 Due by September 23, 2011		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	PCEO STARKS, ROBIN R 20801 BISCAYNE BLVD. SUITE 403 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Robin STARKS 18851 N.E. 29 Avenue Suite 700 Aventura, FLA. 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE STARKS, ROBERT L 20801 BISCAYNE BLVD. SUITE 403 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE STARKS, ROBERT 18851 N.E. 29 Avenue Suite 700 Aventura, FLA. 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECOO STARKS, LISA R 20801 BISCAYNE BLVD. SUITE 403 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECOO STARKS, LISA 18851 N.E. 29 Ave Suite 700 Aventura, FLA. 33180 <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
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
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 118, 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 807, 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: 		04/23/2011 3052069807	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Department of State Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Date: September 27, 2011

To whom it may concern,

Enclosed I have provide a copy of a scanned form for the 2011 Annual Report. As per our conversation, I did not receive any of the documents requesting this information. The payment was made during the month of June and the Annual Report was submitted back in April.

Unfortunately, I was out of town in June and shortly thereafter, I was injured and admitted into the hospital for surgery. I have been out on bed rest for the past three months and have just recently been able to walk about. I have checked with both office locations and neither of them received any of this information via regular mail. I am respectfully requesting that this information accepted and my business is reinstated. I can be reached directly at 305-206-9807.

Your assistance in this matter is greatly appreciated.

Thank you

Robin Starks