

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055653

Entity Name: STAR AUTO SALES CORP.

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

8348 103RD STREET
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

8348 103RD STREET
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 30-0077660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATA, MANUEL
7650 118TH STREET
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATA, MANUEL
Address: 7650 118TH STREET
City-St-Zip: JACKSONVILLE, FL 32244

Title: V () Delete
Name: MATA, MANUEL M
Address: 7650 118TH STREET
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: MATA, ARMIDA
Address: 7702 118TH STREET
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: MATA, ADOLFO
Address: 7650 118TH STREET
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MATA, ARMIDA
Address: 785 OAKLEAF PLANTATION PKWY 1022
City-St-Zip: ORANGE PARK, FL 32065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMIDA MATA

S

07/03/2008

Electronic Signature of Signing Officer or Director

Date