## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 02, 2004 8:00 am Secretary of State **DOCUMENT # P02000072573** 09-02-2004 90071 032 \*\*\*158.75 S & C STARLIGHT ENTERPRISES, INC. Principal Place of Business Mailing Address 54071369 635 STATE ROAD 7 635 S 60TH AVENUE HOLLYWOOD, FL 33023 US HOLLYWOOD, FL 33023 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0436791 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required .--. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLO MERCADO, MARTINEZ, SANDRA Street Address (P.O. Box Number is Not Acc 1455 NW 80TH AVENUE 55 NW. 18D MARGATE, FL 33063 Zip Code Margate 53°06 3 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. a1105 SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delete TITLE thange ☐ Addition MERCADO, CARLOS NAME NAME MERCADO, CARLOS STREET ADDRESS 80+n Ave #18. d STREET ADDRESS 1455 NW 80TH AVENUE, #18D 1465 NW MARGATE, FL 33063 CITY-ST-ZIP CITY-ST-ZIP marga VTS (EX)Delete TITLE Change ☐ Addition TITLE MARTINEŽ, SANDRA NAME NAME 1455 NW 80TH AVENUE, #18D STREET ADDRESS STREET ADDRESS CITY-ST-7/P MARGATE, FL 33063 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

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