


2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90025 038 ***150.00

DOCUMENT # P03000010381			
1. Entity Name STARLIGHT TITLE & GUARANTY COMPANY			
Principal Place of Business 701 PROMENADE DRIVE SUITE 109 PEMBROKE PINES, FL 33026		Mailing Address 701 PROMENADE DRIVE SUITE 109 PEMBROKE PINES, FL 33026	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RILEY, DACIA M 701 PROMENADE DRIVE SUITE 109 PEMBROKE PINES, FL 33026		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D RILEY, DACIA M 701 PROMENADE DRIVE SUITE 109 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: _____		Date: 4/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

54034113



04142004 Chg-P CR2E034 (10/03)

4. FEI Number 43-1995330 Applied For Not Applicable

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