

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90205 019 ***150.00

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1. Entity Name
STARSAX CORP



Principal Place of Business
3725 SOUTH OCEAN DR, APT 501
HOLLYWOOD, FL 33019

Mailing Address
3725 SOUTH OCEAN DR, APT 501
HOLLYWOOD, FL 33019

60000958

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2076 NW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007

Chg-P

CR2E034 (12/06)

City & State

City & State

MIAMI, FL

4. FEI Number

54-2099607

Applied For

Not Applicable

Zip

Country

Zip

33142

Country

MIAMI-DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACRI, LISANDRO
3725 SOUTH OCEAN DR., APT. #501
HOLLYWOOD, FL 33019

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MACRI, LISANDRO
STREET ADDRESS 3725 SOUTH OCEAN DR, APT 501
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME FERNANDEZ, ANDRES
STREET ADDRESS 3725 SOUTH OCEAN DR, APT 501
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BENSONZONI, ANDRES
STREET ADDRESS 3725 SOUTH OCEAN DR., APT. #525
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MACRI, EMILIANO
STREET ADDRESS 3725 SOUTH OCEAN DR, APT 501
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MACRI, MARIO
STREET ADDRESS 3725 SOUTH OCEAN DR, APT 501
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUARIGLIO, GUSTAVO
STREET ADDRESS 3725 SOUTH OCEAN DR, APT 501
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Andres Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/07

Date

3055721955

Daytime Phone #