

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/4.

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90144 015 \*\*\*150.00

<b>DOCUMENT # P03000050506</b> 1. Entity Name <b>SUNSTAR SERVICES INC.</b>			
Principal Place of Business <b>7999 NW 3RD PLACE</b> <b>MARGATE, FL 33063</b>		Mailing Address <b>7999 NW 3RD PLACE</b> <b>MARGATE, FL 33063</b>	
<b>5800 HOLLYWOOD BLVD</b> 2. Principal Place of Business <b># 1217, 1219</b>		<b>2850 NW 44TH ST. #115</b> 3. Mailing Address <b>DAKLAND PARK, FL</b>	
Suite, Apt. #, etc. <b>HOLLYWOOD, FL</b>		Suite, Apt. #, etc. <b>DAKLAND PARK, FL</b>	
City & State <b>33021 FLORIDA</b>		City & State <b>33309 FL</b>	
Zip <b>33021</b>		Zip <b>33309</b>	
Country <b>FLORIDA</b>		Country <b>FL</b>	
4. FEI Number <b>810641464</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KADIR, SUNAY A</b> <b>3913 PISA DR., APT. E-6</b> <b>PANAMA CITY, FL 32405</b>		7. Name and Address of New Registered Agent Name <b>NONE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <b>SUNAY KADIR</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transacting)</small>		DATE <b>04.26.2004</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> NAME <b>KADIR, SUNAY A</b> STREET ADDRESS <b>3913 PISA DR., APT. E-6</b> CITY-ST-ZIP <b>PANAMA CITY, FL 32405</b>	<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
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 exemption stated in Section 119.07(3)(j), 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: <b>SUNAY KADIR</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>05.26.2004</b> - <b>954-5923443</b> <small>Date Daytime Phone #</small>	

66425987

