

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91061 013 ***150.00

DOCUMENT # P03000061360

1. Entity Name
STAR MULTIPLE VIP EVENTS CORP.



Principal Place of Business
**401 MIRACLE MILE, SUITE 308
CORAL GABLES, FL 33134**

Mailing Address
**401 MIRACLE MILE, SUITE 308
CORAL GABLES, FL 33134**

94082638



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
68-0559030

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name **SANCHEZ VERA, DANIEL**
Street Address (P.O. Box Number is Not Acceptable)
401 MIRACLE MILE
#308
City **CORAL GABLES** FL Zip Code **33134**

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 *Daniel Sanchez* **DANIEL A. SANCHEZ**

DATE **04/24/04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **DO NASCIMENTO, REGINA C**
STREET ADDRESS **401 MIRACLE MILE, SUITE 308**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VSD** ☐ Delete
NAME **SANCHEZ VERA, DANIEL A**
STREET ADDRESS **401 MIRACLE MILE, SUITE 308**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Regina do Nascimento* **REGINA DO NASCIMENTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

Date **4/24/04** Daytime Phone # **305 442 8515**