

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062361

Entity Name: STARCAPITAL SERVICES, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

3380 FAIRLANE FARMS RD.
SUITE 12
WELLINGTON, FL 334149764

New Principal Place of Business:

Current Mailing Address:

3380 FAIRLANE FARMS RD.
SUITE 12
WELLINGTON, FL 334148764

New Mailing Address:

FEI Number: 56-2364226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEERAHAMED, MICHELE K
3380 FAIRLANE FARMS RD.
SUITE 12
WELLINGTON, FL 334148764 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECK, JAN S
Address: 3380 FAIRLANE FARMS RD., STE. 12
City-St-Zip: WELLINGTON, FL 334148764

Title: VD () Delete
Name: JOHNS-MCGALLIARD, TERRI L
Address: 3380 FAIRLANE FARMS RD., STE. 12
City-St-Zip: WELLINGTON, FL 334148764

Title: V () Delete
Name: HESS, GREGORY C
Address: 3380 FAIRLANE FARMS RD., STE. 12
City-St-Zip: WELLINGTON, FL 334148764

Title: S () Delete
Name: RUBIO, LILLIAN
Address: 3380 FAIRLANE FARMS RD., STE. 12
City-St-Zip: WELLINGTON, FL 334148764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SHEERAHAMED, MICHELE K
Address: 3380 FAIRLANE FARMS RD., STE. 12
City-St-Zip: WELLINGTON, FL 334148764

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE K SHEERAHAMED

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01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date