

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90069 008 \*\*\*150.00

**DOCUMENT # P03000067878**

1. Entity Name  
**SUPERSTAR CORPORATE SERVICES, INC.**



Principal Place of Business  
**1951 N PINE ISLAND  
PLANTATION, FL 33322 US**

Mailing Address  
**1951 N PINE ISLAND  
PLANTATION, FL 33322 US**

40042119



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

57-1171795

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

**JUAN J. PEREZ  
8569 PINES BLVD  
211  
PEMBROKE PINES, FL 33024**

Name **Juan J. Perez**

Street Address (P.O. Box Number is Not Acceptable) **8569 Pines Blvd Ste. 216**

City **Pembroke Pines**

**FL**

Zip Code **33024**

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.

*Venise M Patterson*

(NOTE: Registered Agent signature required when reinstating)

**2/27/08**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
PATTERSON, VENISE M  
1951 N. PINE ISLAND RD  
PLANTATION, FL 33322 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
PATTERSON, VENISE  
1951 N. PINE ISLAND RD  
PLANTATION, FL 33322 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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:

*Venise M Patterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-08**

Date

Daytime Phone #