2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074570

Entity Name: STAR SERVICE AND SUPPORT, INC.

FILED Apr 30, 2004 Secretary of State

Littly Nai	ile. STAR SERVICE AND SUFFORT,	INO.		
Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
619 NW 170 TERRACE PEMBROKE PINES, FL 33028			17458 SW 20TH COURT MIRAMAR, FL 33029	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
619 NW 170 TERRACE PEMBROKE PINES, FL 33028			17458 SW 20TH COURT MIRAMAR, FL 33029	
FEI Number:	FEI Number Applied For (X	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		t: Name and Address	Name and Address of New Registered Agent:	
	ARTINEZ, TANIA A 2 AVE STE 420 33126 US			
	named entity submits this statement for e of Florida.	the purpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE:			
Electronic Signature of Registered Agent		d Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete URDANETA, RAFAEL 619 NW 170 TERR PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete DE URDANETA, PATRICIA 619 NW 170 TERR PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete SALGADO, EDUARDO 619 NW 170 TERR PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RAFAEL URDANETA PD 04/30/2004