

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000100740</b>					
<b>1. Entity Name</b> STARFLEET TRANSPORTATION SERVICES, INC.					
<b>Principal Place of Business</b> 11410 NORTHWEST 56TH DRIVE, SUITE #106 CORAL SPRINGS, FL 33076			<b>Mailing Address</b> 11410 NORTHWEST 56TH DRIVE, SUITE #106 CORAL SPRINGS, FL 33076		
<b>2. Principal Place of Business</b> 4077 NE 5th Terrace Suite, Apt. #, etc.			<b>3. Mailing Address</b> 4077 NE 5th Terrace Suite, Apt. #, etc.		
<b>City &amp; State</b> Fort Lauderdale, FL			<b>City &amp; State</b> Fort Lauderdale, FL		
<b>Zip</b> 33334		<b>Country</b> USA		<b>4. FEI Number</b> 35-2215507	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
<b>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.</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PTD</b> <b>STENFTENAGEL, GLADYS</b> <input type="checkbox"/> Delete 11410 NORTHWEST 56TH DRIVE, SUITE #106 CORAL SPRINGS, FL 33076		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4077 NE 5th Terrace Fort Lauderdale, FL 33334	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VSD</b> <b>LOWRY, MARIA D</b> <input type="checkbox"/> Delete 11410 NORTHWEST 56TH DRIVE, SUITE #106 CORAL SPRINGS, FL 33076		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4077 NE 5th Terrace Fort Lauderdale, FL 33334	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200028400702 02/09/04--01022--011 **158.75	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b> <i>Gladys Stenftenagel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gladys Stenftenagel			January 20, 2004 954-630-0780 Date Daytime Phone #		