2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008395

Title:

Name:

Address:

City-St-Zip:

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FILED Apr 22, 2008 Secretary of State

Entity Nan	ne: S.B.S. S	TAR BRIGHT SERVICES, C	ORP.				
Current Principal Place of Business:				New Principal Place of Business:			
4820 N STATE ROAD 7 #206 COCONUT CREEK, FL 33073				5126 STAGECOACH DR COCONUT CREEK, FL 33073			
Current Mailing Address:				New Mailing Address:			
4820 N STATE ROAD 7 #206 COCONUT CREEK, FL 33073				5126 STAGECOACH DR COCONUT CREEK, FL 33073			
FEI Number:	20-0592804	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUNNY ISL The above	EW DR #908 LES, FL 3316 named entity	0 US submits this statement for th	e purpose c	of changing it	ts registered	office or registered age	ent, or both,
in the State							
SIGNATURE:Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (D'ERIZANS, O 100 BAYVIEW SUNNY ISLES	DR #908		Title: Name: Address: City-St-Zip:	P (X D'ERIZANS, C 100 BAYVIEW SUNNY ISLES	/ DR #908	
Title: Name: Address: City-St-Zip:	D'ERIZANS, CI 4820 NORTH S) Delete HARLES STATE ROAD 7 # 206 EEK, FL 33073		Title: Name: Address: City-St-Zip:	D'ERIZANS, C 5126 STAGEC		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES D'ERIZANS S 04/22/2008

() Change (X) Addition

LANDA, ILIANA

5126 STAGECOACH DR

COCONUT CREEK, FL 33073