

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017673

FILED
May 05, 2008
Secretary of State

Entity Name: STAR POINT DESIGN & DEVELOPMENT, INC.

Current Principal Place of Business:

470 COTTAGEWOOD LN.
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

470 COTTAGEWOOD LN.
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 20-0687392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALADINES, MARIA A
6743 HANNAH COVE
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

PALADINES, MARIA A
470 COTTAGEWOOD LN
WEST PALM BEACH, FL 33411 US

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: _____

05/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PALADINES, MARIA A
Address: 6743 HANNAH COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP () Delete
Name: PONCE, LUIS E
Address: 6743 HANNAH COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PALADINES, MARIA A
Address: 470 COTTAGEWOOD LN
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP (X) Change () Addition
Name: PONCE, LUIS E
Address: 470 COTTAGEWOOD LN
City-St-Zip: WEST PALM BEACH, FL 33411 US

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.

SIGNATURE: MAPH

P

05/05/2008

Electronic Signature of Signing Officer or Director

Date