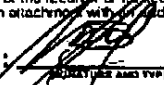


FILED
Mar 28, 2005 8:00 am
Secretary of State

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02-25-2005 90156 022 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000029470			
1. Entity Name STAREL INCORPORATED			
Principal Place of Business 10500 ULMERTON RD STE 390 LARGO, FL 33771		Mailing Address 10500 ULMERTON RD STE 390 LARGO, FL 33771	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 90-0174125		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUMI, KICO 10500 ULMERTON RD STE 390 LARGO, FL 33771		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ Signature: typed or printed name of registered agent and state of domicile (NOTE: Registered Agent signature required when rendering)			
FILE NOW!!! FEE IS \$160.00 After May 1, 2005 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KUMI, KICO	NAME	
STREET ADDRESS	813 S HILLCREST AVE	STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER, FL 33756	CITY- ST- ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GJOLAJ, RUZHDI	NAME	
STREET ADDRESS	725 HERITAGE LN APT A	STREET ADDRESS	
CITY- ST- ZIP	LARGO, FL 33770	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 address, with all other like empowered.			
SIGNATURE: 		03/19/05	
PRINTED NAME AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	