

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90071 036 ***150.00

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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**

60012353



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0174125

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KUMI, KICO
10500 ULMERTON RD STE 390
LARGO, FL 33771**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KUMI, KICO
STREET ADDRESS	813 S HILLCREST AVE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	GJOLAJ, RUZHDI → Delete
STREET ADDRESS	725 HERITAGE LN APT A (No longer with company)
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	STEFAN KUMI → ADD
STREET ADDRESS	813 S. Hillcrest Ave → (NEW DIRECTOR
CITY-ST-ZIP	Clearwater, FL 33756 AND V/P)
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kico Kumi

Date

Daytime Phone #

1/23/06

727-804-4073