2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053279

1619 OSPREY BEND

WESTON, FL 33327

Address: City-St-Zip: FILED Apr 16, 2009 Secretary of State

Entity Name: SUN STAR TELECOM CORP.							
Current Principal Place of Business:				New	New Principal Place of Business:		
2853 EXECUTIVE PARK DR, STE 201 WESTON, FL 33331				SUIT	2853 EXECUTIVE PARK DR, SUITE # 201 WESTON, FL 33331		
Current Mailing Address:				New	New Mailing Address:		
2853 EXECUTIVE PARK DR, STE 201 WESTON, FL 33331				SUIT	2853 EXECUTIVE PARK DR, SUITE #201 WESTON, FL 33331		
FEI Number:	51-0502531	FEI Num	ber Applied For ()	FEI Number No	ot Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name	Name and Address of New Registered Agent:		
RAMOS, DAILE E 1619 OSPREY BEND FORT LAUDERDALE, FL 33327 US				1619	RAMOS, DAILE E 1619 OSPREY BEND WESTON, FL 33327 US		
	named entity of Florida.	submits th	is statement for the p	urpose of chan	ging its registered	office or registered agent, or both,	
SIGNATURE:					04/16/2009		
Electronic Signature of Registered Agent				nt		Date	
Election Can	npaign Financin	g Trust Fun	d Contribution ().				
OFFICERS AND DIRECTORS:				ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VD (RAMOS M., DA 1619 OSPREY WESTON, FL	BEND		Title: Name: Addres City-Si	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (CASTRO, JOSI 1619 OSPREY WESTON, FL	BEND		Title: Name: Addres City-Si	ss:	()Change ()Addition	
Title: Name:	PD ()) Delete ARDO D		Title: Name:		()Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DAILE E RAMOS M VD04/16/2009