

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

ATX1

<b>DOCUMENT #</b> 1. Entity Name	PO4000062889
STARBRITE INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3520 NW 7 PLACE		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> FT LAUDERDALE, FL		<b>City &amp; State</b>	
<b>Zip</b> 33311	<b>Country</b>	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 13-4292702	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name RUDOLPH THOMPSON	
Street Address (P.O. Box Number is Not Acceptable) 3520 NW 7 PLACE	
City FT LAUDERDALE	Zip Code 33311

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> RUDOLPH THOMPSON 3520 NW 7 PLACE FT LAUDERDALE FL 33311
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**11.**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	U00000353144 05/03/05-80053-021 150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Rudolph Thompson*  
RUDOLPH THOMPSON

4/26/2005

954-816-4387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #