

ANNUAL REPORT (AR)

DOCUMENT # P04000076903

1. Entity Name

STARBRIGHTS UNLIMITED, INC.



FILED
Feb 08, 2007 08:00 AM
Secretary of State



Principal Place of Business
4151 CORAL TREE CIRCLE STE 254
COCONUT CREEK FL 33073

Mailing Address
4151 CORAL TREE CIRCLE STE 254
COCONUT CREEK FL 33073

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 13-4280754

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 DP
NAME GONZALEZ, RICARDO S
STREET ADDRESS 4151 CORAL TREE CIRCLE STE 254
CITY ST ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Add
U00000628327
02/16/07-80010-012 150.00

TITLE DVST
NAME GONZALEZ, KATHLEEN T
STREET ADDRESS 4151 CORAL TREE CIRCLE STE 254
CITY ST ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Add

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

RICARDO S GONZALEZ, *[Signature]* 1/28/07 954854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #