## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000086218

Entity Name: STAR PUPS, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

27115 SW 157 AVE 23950 SW 167 AVE HOMESTEAD, FL 33031 HOMESTEAD, FL 33031

Current Mailing Address: New Mailing Address:

27115 SW 157 AVE 23950 SW 167 AVE HOMESTEAD, FL 33031 HOMESTEAD, FL 33031

FEI Number: 20-1157983 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALDES, MARY
27115 SW 157 AVE
HOMESTEAD, FL 33031 US

VALDES, MARY
23950 SW 167 AVE
HOMESTEAD, FL 33031 US

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.

SIGNATURE: MARY VALDES 02/02/2005

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

LOS ANGELES, CA 90036

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HOMESTEAD, FL 33031

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 VALDES, MARY
 Name:
 VALDES, MARY

 Address:
 27115 SW 157 AVE
 Address:
 23950 SW 167 AVE

Address: 27115 SW 157 AVE Address: 23950 SW 167 AVE
City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: HOMESTEAD, FL 33031

 Title:
 ST () Delete
 Title:
 ST (X) Change () Addition

 Name:
 TALAVERA, TRACY
 Name:
 TALAVERA, TRACY

 Address:
 429 N ORANGE DRE
 Address:
 23950 SW 167TH AVENUE

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

SIGNATURE: MARY VALDES PD 02/02/2005