2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# P04000101836

Entity Name: STARUS, INC.

Current Principal Place of Business:

6991 WEST BROWARD BLVD., STE. 114
PLANTATION, FL 33317

New Principal Place of Business:

3800 GALT OCEAN DRIVE
804
FORT LAUDERDALE, FL 33308 US

Current Mailing Address:

6991 WEST BROWARD BLVD., STE. 114
PLANTATION, FL 33317

New Mailing Address:

2575 OUELLETTE PLACE
WINDSOR, ON, N8X 1L9, CANADA, ON N8X1L9 CA

FEI Number: 02-0727757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNETH M. MEYER, P.A.
6991 W. BROWARD BLVD., STE. 114
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CASTAGNETTI, MARIA
Address: VIA MATTEOTI, NO. 12
City-St-Zip: ALSENO, PC 29010, ITALY,

Title: D ( ) Delete
Name: FERRI, SILVIA
Address: VIA MATTEOTI, NO. 12
City-St-Zip: ALSENO, PC 29010, ITALY,

Title: D (X) Delete
Name: CASTAGNETTI, MARIA
Address: VIA MATTEOTI, NO. 12
City-St-Zip: ALSENO, PC 29010, ITALY,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CASTAGNETTI, MARIA
Address: VIA MATTEOTI, NO. 12
City-St-Zip: ALSENO, PC 29010, ITALY, PC 29010 IT

Title: D (X) Change ( ) Addition
Name: FERRI, SILVIA
Address: VIA MATTEOTI, NO. 12
City-St-Zip: ALSENO, PC 29010, ITALY, PC 29010 IT

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SILVIA FERRI D 07/06/2005

Electronic Signature of Signing Officer or Director Date