

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155415

Entity Name: STARR PROPERTIES, INC.

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

9400 NE 2ND AVENUE
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

9400 NE 2ND AVENUE
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 83-0414199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CACCAMISE, THERESA C
9400 NE 2ND AVE
MIAMI SHORES, FL 33138 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CACCAMISE, THERESSA
Address: 9400 NE 2ND AVENUE
City-St-Zip: MIAMI SHORES, FL 33138

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CACCAMISE, THERESA C
Address: 9400 NE 2ND AVENUE
City-St-Zip: MIAMI SHORES, FL 33138

Title: VP () Change (X) Addition
Name: CACCAMISE, RICHARD J
Address: 9400 N.E. 2ND AVE
City-St-Zip: MIAMI SHORES, FL 33138

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.

SIGNATURE: THERESA CACCAMISE

PSD

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date