

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 012 ***158.75

DOCUMENT # P05000060295					
1. Entity Name STARR LAKE VILLAGE, INC.					
Principal Place of Business 3924 N SCENIC HWY LAKE WALES, FL 33898			Mailing Address 17732 NW 87 PL HIALEAH, FL 33018		
2. Principal Place of Business - No P.O. Box # 3924 N. Scenic Hwy			3. Mailing Address 3924 N. Scenic Hwy		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lake Wales		City & State Lake Wales		4. FEI Number 14-1928012	
Zip 33898		Country Polk		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required -	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145				7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD RAMSAMMY, NARAIN 17732 NW 87 PL HIALEAH, FL 33018 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Ramsammy Naraine 3924 N. Scenic Hwy Lake Wales FL 33898 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Naraine Ramsammy</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u><i>4/19/07</i></u> Daytime Phone # <u><i>863-678-3098</i></u>		