


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000081899	
1. Entity Name STATIRA INC.	

Principal Place of Business 934 N UNIVERSITY DR NO 306 CORAL SPRINGS, FL 33071	Mailing Address 934 N UNIVERSITY DR NO 306 CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1255306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PHILLIPS, EDWARD P
3300 UNIVERSITY DR STE 806
CORAL SPRINGS, FL 33065**

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000894201 04/24/08-80018-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE D	RILEY, DONOVAN
NAME	
STREET ADDRESS	934 N. UNIVERSITY DR., 306
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE D	RILEY, TALETIA
NAME	
STREET ADDRESS	934 N. UNIVERSITY DR., 306
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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:  **Donovan Riley** **X** **4-10-08** **958042015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #