

FILED  
Jul 05, 2007 8:00 am  
Secretary of State

06-22-2007 90002 044 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000083416</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |  |
| 1. Entity Name<br><b>STAR FLEET SERVICE INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                   |
| Principal Place of Business<br><b>1001 N FEDERAL HWY<br/>314<br/>HALLANDALE, FL 33009 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         | Mailing Address<br><b>1001 N FEDERAL HWY<br/>314<br/>HALLANDALE, FL 33009 US</b>  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1001 N Federal Hwy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         | 3. Mailing Address                                                                |
| Suite, Apt. #, etc.<br><b>314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         | Suite, Apt. #, etc.                                                               |
| City & State<br><b>Hallandale fl</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         | City & State                                                                      |
| Zip<br><b>33009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         | Country<br><b>US</b>                                                              |
| 4. FEI Number<br><b>41-2177149</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                            |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>DE FEUDIS, JUAN F<br/>1001 N FEDERAL HWY<br/>314<br/>HALLANDALE, FL 33009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                   |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u><i>Juan F DeFeudis</i></u> <u>6/13/07</u><br><small>NOTE: Registered Agent signature required when releasing.</small>                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 14, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                   |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>DE FEUDIS, JUAN F<br/>1001 N FEDERAL HWY SUIT 314<br/>HALLANDALE, FL 33009</b> | <input type="checkbox"/> Delete                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Delete                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Delete                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Delete                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Delete                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Delete                                                   |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| 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>Juan F DeFeudis</i></u> <u>6/30/07</u> <u>954 369 8427</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                   |

ATTACHMENT  
166020085

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report. \*\***

**Document Number** P05000083416

**Business Entity Name** STAR FLEET SERVICE INC

**Original File Date** 06/09/2005

**FEI Number** 41-2177149

**Principal Address** 1001 N FEDERAL HWY  
314  
HALLANDALE, FL 33009 US

**Mailing Address** 1001 N FEDERAL HWY  
314  
HALLANDALE, FL 33009 US

**Registered Agent** JUAN F DE FEUDIS  
1001 N FEDERAL HWY  
314  
HALLANDALE, FL 33009 US

### Officer/Director Name And Address

P  
JUAN F DE FEUDIS  
1001 N FEDERAL HWY SUIT 314  
HALLANDALE, FL 33009 US

- ☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

If you need to make  
changes to the above  
information, please  
select: