2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P05000128019

Entity Name: STAR BROKERAGE SERVICES, INC.

Current Principal Place of Business:

1825 PONCE DE LEON BLVD.
PMB 397
CORAL GABLES, FL 33134

New Principal Place of Business:

410 SEVILLA AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

1825 PONCE DE LEON BLVD.
PMB 397
CORAL GABLES, FL 33134

New Mailing Address:

410 SEVILLA AVENUE
CORAL GABLES, FL 33134

FEI Number: 20-3506132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIMENEZ, HECTOR
1825 PONCE DE LEON BLVD
PMB 397
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

JIMENEZ, HECTOR
410 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

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: HECTOR JIMENEZ 04/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JIMENEZ, HECTOR
Address: 1825 POMCE DE LEON BLVD. #PMB 397
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: JIMENEZ, IVELISSE
Address: 1825 PONCE DE LEON BLVD # PMB 397
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JIMENEZ, HECTOR
Address: 410 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change ( ) Addition
Name: JIMENEZ, IVELISSE
Address: 410 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: HECTOR JIMENEZ PD 04/08/2009
Electronic Signature of Signing Officer or Director Date