

Florida Department of
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90158 023 ***150.00

DOCUMENT # P05000158568

1. Entity Name
STAR MASTER SECURITY SYSTEM, CORP



Principal Place of Business
**19380 COLLINS AVE
#727
SUNNY ISLES, FL 33160**

Mailing Address
**19380 COLLINS AVE
#727
SUNNY ISLES, FL 33160**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3881963

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELO ENTERPRISES, INC.,
301 CRAWFORD BLVD.
201-A
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name **JOSE E. LAURIA**
Street Address (P.O. Box Number is Not Acceptable) **19380 COLLINS AVE #727**
City **SUNNY ISLES** FL **33160**

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 *[Signature]* **JOSE E. LAURIA** **Agent. Reg.** **03/29/2007**
(NOTE: Registered Agent Signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LAURIA, JOSE E**
STREET ADDRESS **19380 COLLINS AVE #727**
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *[Signature]* **JOSE E. LAURIA** **PRESIDENT** **03/29/2007 (305) 466-3908**