2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P06000030325

CORAL RIDGE STAR DEVELOPERS. INC.



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 Mailing Address

2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065



DO NOT WRITE IN THIS SPACE

02272008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-4429088 Not Applicable 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

RAHAEL, GISELE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable (NOTE: Registered			red Agent signature requi	gent signature required when reinstating) DATE			
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be dded to Fees			
10.	OFFICERS AND DIRECTORS			- 12 (A) (A) (B)	THE COURT OF STREET	TO A CIVILLAGIO	9-21-6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAHAEL, GISELE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAHAEL, MICHAEL 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065				105/06/08-	10001 10107-012 1133-133	158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby 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 attachmen

SIGNATURE:

Gisele Rahael, President

4/11/08

954-753-9500

Daytime Phone #