


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90042 027 ***158.75

DOCUMENT # P06000061313	
1. Entity Name STAR MOTOR TRANSPORT INC.	

40004300



Principal Place of Business 3224 REMLER DR S JACKSONVILLE, FL 32223	Mailing Address 3224 REMLER DR S JACKSONVILLE, FL 32223
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2. Principal Place of Business - No P.O. Box # 1648 GLEN LAUREL DR.	3. Mailing Address 1648 GLEN LAUREL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04092007 Chg-P CR2E034 (12/06)

City & State MIDDLEBURG, FL	City & State MIDDLEBURG, FL
Zip 32068	Country USA
Zip 32068	Country USA

4. FEI Number 02 0776179	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAUTH, RABINDRA 3224 REMLER DR S JACKSONVILLE, FL 32223	
7. Name and Address of New Registered Agent Name RABINDRA NAUTH Street Address (P.O. Box Number is Not Acceptable) 1648 GLEN LAUREL DR. City MIDDLEBURG FL Zip Code 32068	

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.	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUTH, RABINDRA 3224 REMLER DR S JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: R. Nauth RABINDRA NAUTH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/11/07 904 298 0100 Daytime Phone #