2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# P06000073129

Entity Name: STARLIGHT ENTERPRISES OF SOUTH DADE, INC.

Current Principal Place of Business:

149 NW WILLOW GROVE AVE
PORT ST LUCIE, FL 34986

New Principal Place of Business:

16007 IVY LAKE DRIVE
ODESSA, FL 33556

Current Mailing Address:

149 NW WILLOW GROVE AVE
PORT ST LUCIE, FL 34986

New Mailing Address:

16007 IVY LAKE DRIVE
ODESSA, FL 33556

FEI Number: 74-3179070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACUNA, KARLA M
149 NW WILLOW GROVE AVE
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

ACUNA, KARLA M
16007 IVY LAKE DRIVE
ODESSA, FL 33556 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: _____ 02/20/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ACUNA, KARLA M
Address: 149 NW WILLOW GROVE AVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DV ( ) Delete
Name: MUNIZ, ALEJANDRO
Address: 149 NW WILLOW GROVE AVE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ACUNA, KARLA M
Address: 16007 IVY LAKE DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DV (X) Change ( ) Addition
Name: MUNIZ, ALEJANDRO
Address: 16007 IVY LAKE DRIVE
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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: KARLA ACUNA DP 02/20/2007
Electronic Signature of Signing Officer or Director — Date