


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90032 007 ***150.00

DOCUMENT # P06000073281 1. Entity Name STARBRIGHT FINANCIAL SERVICES, INC.					
Principal Place of Business 905 BRICKELL BAY DRIVE SUITE 726 MIAMI, FL 33131 US			Mailing Address 905 BRICKELL BAY DRIVE SUITE 726 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 825 Brickell Bay Drive		3. Mailing Address 825 Brickell Bay Drive			
Suite, Apt. #, etc. #845		Suite, Apt. #, etc. #845			
City & State Miami, FL		City & State Miami, FL			
Zip 33131		Country USA		4. FEI Number 20-4940829	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WEST, CHARLES 905 BRICKELL BAY DRIVE SUITE 726 MIAMI, FL 33131					
7. Name and Address of New Registered Agent Name Charles West Street Address (P.O. Box Number is Not Acceptable) 825 Brickell Bay Dr. #845 City Miami FL Zip Code 33131					
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 <u><i>Charles West</i></u> DATE <u>3/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P D NAME WEST, CHUCK	<input type="checkbox"/> Delete		TITLE P D NAME West, Chuck	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 905 BRICKELL BAY DRIVE, #726			STREET ADDRESS 825 Brickell Bay Dr., #845		
CITY-ST-ZIP MIAMI, FL 33131			CITY-ST-ZIP Miami, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME James Fontanetta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			STREET ADDRESS 22765 SW 66th Ave.		
			CITY-ST-ZIP Boca Raton, FL 33428		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Charles West</i></u>			3/10/08 305-358-7697		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		