

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083587

FILED
Apr 18, 2007
Secretary of State

Entity Name: STARVING ARTIST SOUTH, INC.

Current Principal Place of Business:

6773-B BOCA PINES TRAIL
BOCA RATON, FL 33433

New Principal Place of Business:

14824 ENCLAVE PRESERVE CIRCLE
#T-2
DELRAY BEACH, FL 33484

Current Mailing Address:

6773-B BOCA PINES TRAIL
BOCA RATON, FL 33433

New Mailing Address:

14824 ENCLAVE PRESERVE CIRCLE
#T-2
DELRAY BEACH, FL 33484

FEI Number: 20-5064062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KISER, WADE
6773-B BOCA PINES TRAIL
BOCA RATON, FL 3433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KISER, WADE
Address: 6773-B BOCA PINES TRAIL
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: RUBIN, GREG
Address: 4630 N. UNIVERSITY DRIVE #433
City-St-Zip: CORAL SPRINGS, FL 3067

Title: TRES (X) Delete
Name: EZAGUY, TALLY
Address: 6773-B BOCA PINES TRAIL
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KISER, WADE O
Address: 14824 ENCLAVE PRESERVE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP (X) Change () Addition
Name: TALLY, KISER
Address: 14824 ENCLAVE PRESERVE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WADE KISER

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date