

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-04-2008 90019 004 ***150.00

DOCUMENT # P07000083263
 1. Entity Name
STARMARK CAPITAL, INC.



Principal Place of Business Mailing Address
 2211 N.W. 30TH PLACE 2211 N.W. 30TH PLACE
 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **20-2243001** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
RUIZ, DAVID J
2211 N.W. 30TH PLACE
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *David J. Ruiz* **David J. Ruiz** **2/23/08**
Signature, typed or printed name of registered agent and state 1 file please. NOTE: Registered Agent signature required when submitting. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, DAVID J JR. 2211 N.W. 30TH PLACE POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUIZ, DAVID J SR. 1081 S.W. 42 AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Section 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; that 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 empowerers.

SIGNATURE: *David J. Ruiz* **David J. Ruiz** **2/23/08** **931-411-4911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License Fee #