

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112515

FILED
Feb 16, 2009
Secretary of State

Entity Name: SUNSTAR CLAIM SERVICES INC.

Current Principal Place of Business:

490 SAWGRASS PKWY
110
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

C/O COMPUKEEPER INC.
2298 NW 2ND AVE STE 20
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 06-1826674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, TIMOHTY
490 SAWGRASS PKWY
110
SUNRISE, FL 33325 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: D () Delete
Name: ROSMAN, MARIO
Address: 4051 EAST RIDGE VIEW DRIVE
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: GREENE, TIMOTHY
Address: 65 CASTLE HARBOR ISLE
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TIM GREENE

V-P

02/16/2009

Electronic Signature of Signing Officer or Director

Date