


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P37932 1. Entity Name STAR STAINLESS SCREW CO.	
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Principal Place of Business 4933 DISTRIBUTION DR TAMPA, FL 33605 US	Mailing Address 30 WEST END RD TOTOWA, NJ 07512 US
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04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1474934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROMERO, HECTOR
4933 DISTRIBUTION DR
TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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	U00000919882 05/14/08-80020-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GOLDEN, WAYNE 30 WESTEND RD. TOTOWA, NJ 07512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEELER, BRUCE 1109 KIRK ST. ELK GROVE VILLAGE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDEN, WAYNE 30 WESTEND RD TOTOWA, NJ 07512
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Thomas A. Buigiano* **Thomas A. Buigiano** 4/21/08 9732562300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wayne G. Dew 4/21/08 9732562300