

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90014 032 ***150.00

DOCUMENT # P93000078300					
1. Entity Name STAR ISLAND MANAGEMENT CORP.					
Principal Place of Business 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746 US			Mailing Address 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3306571				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYERS, HILLEL 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD MEYERS, HILLEL 4875 PINETREE DR. MIAMI BEACH, FL 33140 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MEYERS, HILLEL 4875 PINETREE DR MIAMI BEACH, FL 33140 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CBD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEPPARD, JENNIFER 4875 PINETREE DRIVE MIAMI BEACH, FL 33140 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINOCCHIARO, VICTORIA 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, V FINOCCHIARO ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Hillel Meyers Pres</i>			1/13/05		407 9978000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #