2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: DE LEGISLANDE AND TYPETO OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P95000010729 1. Entity Name								Feb 28, 2004 08:00 AM Secretary of State				
STARS LI	MITED OF	SOUTH FLORID	DA, INC.				9	·				
Principal Place of Business Mailing Address						·	_					
	LSBORO B;VI BEACH FL 3		1809 W HILLSBRORO BLVD DEERFIELD BEACH FL 33442 US				5 (基础)/图数 ()是 (是/24 版())(服整()) 图图()) 图图())	18(8) ((8)) (8)	11 5 11 5 18 1 5 17	we: :: :##:		
2. Principal P	Place of Busines	3. Mai	3. Mailing Address									
Suite, Apt.		Suit	Suite, Apt #, etc.				MOORE CR	2E034 (11/	(03)			
City & State				City & State			4.	FEI Number 65-0555221		Not	oned For Applicable	
Zip	<u> </u>				Coun	untry		Certificate of Status Desired [75 Addi Required		
·	6. Name a	nd Address of Currer	nt Registere	ed Agent		Name	7. 1	Name and Address of New Regis	itered Agen			
MC(582	GREGOR, E				Street Address (P.O. Box Number is Not Acceptable)							
	RKLAND FI								ч			
					City			FL Z	ip Code	· · ·		
	named entity to		for the purp	ose of changing its	register	ed office or reg	gistered ag	gent, or both, in the State of Rorida	. I am Iamili	ar with, a	and accept	
SIGNATURE :	Signature, typed or	printed name of registered ago	and title if app	dicable (NO)	E Registere	d Agent signature re	spanned when s	enstaing)	स्रेरिन			
	II E NOWA	FEE IS \$150 NO		1								
FILE NOWS! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financi Trust Fund Contribution.	ing 🗆		May Be to Fees	
10.		D DIRECTO	ECTORS 11.			Αξ	ODITIONS/CHANGES TO OFFICER	RS AND DIRE	CTORS	IN 11		
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STREET ADDRESS CITY-ST-ZIP					R .	EET ADDRESS !-ST-ZIP						
12. I hereby a indicated of the conchanged	certify that the i on this report rporation or the i, or on an attac	information supplied wo or supplemental repor receiver or trustee em thment with an address	rith this filing t is true and apowered to s, with all of	does not qualify to accurate and that execure this repor- ner like empowered	or the exe my signa t as regu 1.	emption stated ture shall have ired by Chapte	in Section the same of 607, Flor	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath, rida Statutes, and that my name ap	ther certify the that I am are pears in Bloom	at the in officer ok 10 or	formation or director Block 11 if	

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