2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000027086

1. Entity Name
STARCAPITAL USA, INC.

Principal Place of Business	Mailing Address
3380 FAIRLANE FARMS ROAD SUITE 12 WELLINGTON, FL 33414 US	3380 FAIRLANE FARMS ROAD SUITE 12 WELLINGTON, FL 33414 US

DO NOT WRITE IN THIS SPACE

04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0574985
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEYS, TOM
3380 FAIRLANE FARMS ROAD
SUITE 12
WELLINGTON, FL 33414

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000108017
04/09/04-80038-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	BECK, JAN S
STREET ADDRESS	3380 FAIRLANE FARMS RD- STE 12
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	SVP
NAME	HESS, GREGORY C
STREET ADDRESS	3380 FAIRLANE FARMS RD- STE 12
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	T
NAME	KEYS, TOM J
STREET ADDRESS	3380 FAIRLANE FARMS RD- STE 12
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	S
NAME	RUBIO, LILLIAN
STREET ADDRESS	3380 FAIRLANE FARMS RD- STE 12
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP/D
NAME	JOHNS-MCGALLIARD, TERRI L
STREET ADDRESS	3380 FAIRLANE FARMS RD- STE 12
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Tom Keys TOM KEYS 4/7/04 561-795-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #