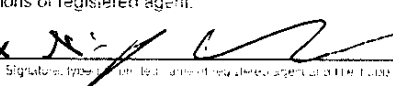
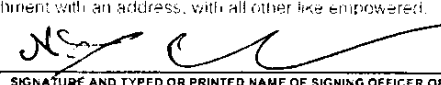


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90447 020 ***150.00

DOCUMENT # P96000010937 1. Entity Name STAR USA INDUSTRIES INC.					
Principal Place of Business 4786 MAJOREA PLACE BOCA RATON, FL 33434			Mailing Address 4786 MAJOREA PLACE BOCA RATON, FL 33434		
2. Principal Place of Business - No P.O. Box # 9786 MAJORCA PLACE		3. Mailing Address 9786 MAJORCA PLACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0696884	
Zip 33434		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WONGCHINSRI, NICK 4786 MAJOREA PLACE BOCA RATON, FL 33434			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9786 MAJORCA PLACE City BOCA RATON FL Zip Code 33434		
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  NICK WONGCHINSRI 4/16/07 Signature (typed or printed name of registered agent or officer or director) DATE (typed or printed name of registered agent or officer or director)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	VP WONGCHINSRI, NICK 19390 DAKOTA CT. BOCA RATON, FL 33434 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 9786 MAJORCA PLACE BOCA RATON, FL 33434		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUNEE, SONGCHINSRI 19390 DAKOTA CT. BOCA RATON, FL 33434 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 9786 MAJORCA PLACE BOCA RATON, FL 33434		
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		
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 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 667, 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:  NICK WONGCHINSRI 4/16/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					