


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000036462	
1. Entity Name STARREACHER CORP.	

Principal Place of Business 625 NO. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH, FL 33401	Mailing Address 625 NO. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH, FL 33401
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03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0676165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FIZDALE, MARA 14860 ROLLING ROCK PL. WEST PALM BEACH, FL 33414
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**DO NOT WRITE
IN THIS SPACE**

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIZDALE, MARA 14860 ROLLING ROCK PL WEST PALM BEACH, FL 33414
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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 MARA FIZDALE **DATE** 3/26/07 **DAYTIME PHONE #** 561 793 5569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR