

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000037781

1. Entity Name
STARDREAMER CORP.



Principal Place of Business
**625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401**

Mailing Address
**625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401**



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0676198	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FIZDALE, MARA
14860 ROLLING ROCK PL.
WEST PALM BEACH, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000951195
06/04/08-80023-008 550.00

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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**DO NOT WRITE
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

860 364
May 508 0240
Date Daytime Phone #