

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90074 042 \*\*\*150.00

DOCUMENT # P96000070793

1. Entity Name  
STARS OF FLORIDA ENTERTAINMENT CORPORATION



Principal Place of Business

Mailing Address

9160 - 64TH WAY NORTH  
PINELLAS PARK, FL 33782

9160 - 64TH WAY NORTH  
PINELLAS PARK, FL 33782

2. Principal Place of Business - No P.O. Box #

429 Arch Ridge Loop

3. Mailing Address

429 Arch Ridge Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Seffner FL

City & State  
Seffner FL

Zip  
33584

Country  
Hills.

Zip  
33584

Country  
Hills.

03122007

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-3412495

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUFFA, DONALD V.  
9160 64TH WAY NORTH  
PINELLAS PARK, FL 33782

- Same  
429 Arch Ridge Loop  
Seffner, FL 33584

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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	D BUFFA, DONALD V 9160 - 64TH WAY NORTH PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUFFA, LINDA M 9160 - 64TH WAY NORTH PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same Same 429 Arch Ridge Loop Seffner, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same Same 429 Arch Ridge Loop Seffner, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Linda M. Buffa

Linda M. Buffa

3/14/07

727-686-3342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #