## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## 04-18-2006 90076 038 \*\*\*150.00 **DOCUMENT # P97000032966** 1. Entity Name STAR GROUP INTERNATIONAL, INC. 4002500. Principal Place of Business Mailing Address 18 SOUTH PALMWAY 18 SOUTH PALM WAY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address <u>515 N Flager Dr</u> 515 N. Flagler Dr. Suite, Apt. #, etc. 03312006 Chg-P CR2E034 (11/05) Ste. 300P Ste. 300P City & State City & State 4. FEI Number Applied For WEst Palm Beach 65-0822519 Not Applicable West Palm Zip 33401 Country USA \$8.75 Additional 5. Certificate of Status Desired П 33401 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brenda Star STAR, BRENDA Street Address (P.O. Box Number is Not Acceptable) 515 N Flagler Dr. 18 SOUTH PALM WAY LAKE WORTH, FL 33460 Zip Code 33401 West Palm Beach 8. The above named entity subpy iging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept statement for the purpose of cha the obligations of registe 4-13-06 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete P TITLE TITLE Addition Change Change NAME STRAR, BRENDA Star, Brenda NAME 18 SOUTH PALM WAY STREET ADDRESS STREET ADORESS 515 N Flager Dr. Ste. 300P LAKE WORTH, FL 33460 CITY-ST-ZIF CITY-ST-ZIF West Palm Beach, 33401 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLÉ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 duster 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 anddress, with all other like SIGNATURE:

ING OFFICER OR DIRECTOR

**FILED** 

Apr 18, 2006 8:00 am Secretary of State