


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90055 001 ***158.75

DOCUMENT # P97000040825					
1. Entity Name STARK FAMILY INVESTMENTS, INC.					
Principal Place of Business 8181 WEST BROWARD BLVD, SUITE 255 PLANTATION, FL 33324			Mailing Address 8181 WEST BROWARD BLVD, SUITE 255 PLANTATION, FL 33324		
2. Principal Place of Business <i>133 NW 100 Avenue</i>		3. Mailing Address <i>133 NW 100 Avenue</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Plantation, FL</i>		City & State <i>Plantation FL</i>		4. FEI Number 65-0750725	
Zip <i>33324</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARK, BARRY 8181 WEST BROWARD BLVD SUITE 255 PLANTATION, FL 33324		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		<i>133 NW 100 Avenue</i>			
		City <i>Plantation</i>		FL Zip Code <i>33324</i>	
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 <i>Barry Stark</i> 03/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME STARK, BARRY STREET ADDRESS 8181 W BROWARD BLVD STE 255 CITY-ST-ZIP PLANTATION, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>133 NW 100 Avenue</i> <i>Plantation, FL 33324</i>	
TITLE S NAME STARK, IRENE STREET ADDRESS 8181 W BROWARD BLVD STE 255 CITY-ST-ZIP PLANTATION, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>133 NW 100 Avenue</i> <i>Plantation, FL 33324</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: <i>Barry Stark</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/10/04 954-434-4341 <small>Date Daytime Phone #</small>		