


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90206 005 ***150.00

DOCUMENT # P97000070946			
1. Entity Name STARCK-DESIGN, INC.			
Principal Place of Business 704 LINCOLN ROAD MIAMI BEACH, FL 33139		Mailing Address 704 LINCOLN ROAD MIAMI BEACH, FL 33139	
2. Principal Place of Business 1521 ALTON ROAD		3. Mailing Address 1521 ALTON ROAD	
Suite, Apt. #, etc. 704		Suite, Apt. #, etc. 704	
City & State MIAMI BEACH		City & State MIAMI BEACH	
Zip 33138 FL	Country MIAMI-DADE	Zip 33139	Country MIAMI-DADE
6. Name and Address of Current Registered Agent GOULD, JUSTIN 704 LINCOLN ROAD MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MAGEDLER, ROBERT 704 LINCOLN ROAD MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANGELISTA FELIX 1521 ALTON ROAD #704 MIAMI BEACH, FL 33139 <input checked="" 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
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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: <u>Evangelista Felix</u>		EVANGELISTA FELIX 4/28/04 305 4680085	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0777799 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required