2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000038692

1. Entity Name

ALTA STAR SOFTWARE, INC.



FILED Jan 10, 2008 08:00 Al Secretary of State

Principal Place of Business

7700 NORTH KENDALL DRIVE

SUITE 612 MIAMI, FL 33156 Mailing Address

7700 NORTH KENDALL DRIVE SUITE 612 MIAMI, FL 33156



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0871124

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

•---

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIEGEL, GARY R 7700 NORTH KENDALL DRIVE SUITE 612 MIAMI, FL 33156

				. ,	. 5 + 4	4 2			
1	-		🖪						
	11.0	14.6				5	٧R		
٩		11.		ч.		4-3	ur	B: 8	
3	-		10.0		-	4. * *	8.1 2	. I. I.	_
1	_				32	Sec. 25. 1	- Santa /		$\overline{}$
	1000	49 11	10000	·	11-87			4	24 13
				-1 -2 -2	*`			S	
٠,			_				- A		
ė			.2 B S	-					_
٠,			 #5 	_					
ė			43				PΑ	\cdot	

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											
		lection Campaign Financ rust Fund Contribution.	sing \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIRECTORS										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SIEGEL, GARY R 7700 NORTH KENDALL DRIVE STE 612 MIAMI, FL 33156			U000000778483							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FERNANDEZ-SIEGEL, BLANCA N 7700 NORTH KENDALL DRIVE STE 612 MIAMI, FL 33156			01/10/08-80049-024-150.00							
NAME STREET ADDRESS CITY-ST-ZIP			DC) NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N	THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS	The same of the sa				٠.						

12. Thereby certify that the information supplied with this filling 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:

VIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

GNING OFFICER OR DIRECTOR

Jan 3,2008

305-279-8898

Daytime Phone #