


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90731 037 ***150.00

DOCUMENT # P98000063081 1. Entity Name STARSAMI, INC.					
Principal Place of Business 2090 S NAVA RD UNIT B-218 DAYTONA BEACH FL 32119 US			Mailing Address 2090 S NAVA RD UNIT B-218 DAYTONA BEACH FL 32119 US		
2. Principal Place of Business 15 Coolidge Ave Suite, Apt. #, etc.		3. Mailing Address 15 Coolidge Ave Suite, Apt. #, etc.			
City & State Ormond Beach, FL Zip 32174		City & State Ormond Beach, FL Zip 32174		Country USA	
Country USA		4. FEI Number 59-3524410			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHURCHMAN, RICHARD K PA 1255 MASON AVE DAYTONA BLVD FL 32117			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 Make Check Payable to Florida Department of State					
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			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.		



MOORE CR2E034 (11/03)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

386-671-7655

Daytime Phone #