2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000094488

1. Entity Name
STARKCO, INC.

Principal Place of Business	Mailing Address
6761 ROYAL MELBOURNE DR MIAMI LAKES, FL 33015	POB 170103 HIALEAH, FL 33017

03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2128882
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STARKS, WILLIE
6761 ROYAL MELBOURNE DR
MIAMI LAKES, FL 33015

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000276845
03/26/05-80005-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STARKS, DUANE
STREET ADDRESS	1717 N BAYSHORE DR #3651
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	D
NAME	STARKS, WILLE
STREET ADDRESS	6761 ROYAL MELBOURNE DR
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	D
NAME	STARKS, SHARON
STREET ADDRESS	8940 AZALEA CIRCLE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	STARKS, CATHERINE
STREET ADDRESS	6761 ROYAL MELBOURNE DR
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	D
NAME	STARKS, DANTE
STREET ADDRESS	6761 ROYAL MELBOURNE DR
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	D
NAME	STARKS, DARLENE
STREET ADDRESS	6761 ROYAL MELBOURNE DR
CITY-ST-ZIP	MIAMI LAKES, FL 33015

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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: Sharon Starks 3/3/2005 888 541 9774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #