2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094488

Entity Name: STARKCO, INC.

FILED May 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
6761 ROYAL MELBOURNE DR MIAMI LAKES, FL 33015					
Current Mailing Address:			New Mailing Address:		
8940 AZAL MIRAMAR,	EA CIRCLE FL 33025				
FEI Number:	52-2128882	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
STARKS, WILLIE 6761 ROYAL MELBOURNE DR MIAMI LAKES, FL 33015 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () STARKS, DUAN 1717 N BAYSH MIAMI, FL 331	DRE DR #3651	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STARKS, WILL	ELBOURNE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () STARKS, SHAR 8940 AZALEA O MIRAMAR, FL	CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () STARKS, CATH 6761 ROYAL M MIAMI LAKES,	ELBOURNE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STARKS, DANT	ELBOURNE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STARKS, DARL	ELBOURNE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or					

SIGNATURE: SHARON STARKS DIR

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

above, or on an attachment with an address, with all other like empowered.