## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 28, 2007 08:00 AM DOCUMENT # P99000039193 **Secretary of State** 1. Entity Namo STARBENE USA INC. Principal Place of Business Mailing Address 2030 NW 94 AVE MIAMI FL 33172 2030 NW 94 AVE **MIAMI FL 33172** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For Cily & Stato 4. FEI Number 65-0915188 Not Applicable Žíp Country Country 7in \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAUNEDO, AGUSTIN JR Street Address (P.O. Box Number is Not Acceptable) 2030 NW 94 AVE MIAMI FL 33172 Zip Code 8. The above named ontity 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Addition TITLE ☐ Defete TITLE ☐ Change RUBINSTEIN, FEDERICO NAME. U00000650986 2030 NW 94 AVE STREET ADDRESS STREET ADDRESS 03/08/07-80035-018 150.00 MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CAUNEDO, AGUSTIN NAME NAME 2030 NW 94 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-SI-ZIP CITY - ST- /IP VD ■ Addition ☐ Delete JUSTINIANO, VICTORIA NAME. NAME 2030 NW 94 AVE STREET ADDRESS STREET ADDRESS CITY - ST-7IP MIAMI FL 33172 CITY - ST-ZIP Delete Change Addition THE HHE CAUNEDO, ZUNILDA V NAME NAME 2030 NW 94 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-S1-ZIP CITY-SI-ZIP ☐ Change ■ Addition TITLE ☐ Defele TITLE STREET ADDRESS STREET ADDRESS CITY ST-712 CITY ST-7IP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREE I ADDRESS CITY - ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

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