

**- 2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90033 050 ***150.00

DOCUMENT # P99000039193

1. Entity Name

STARBENE USA INC.



Principal Place of Business

2030 NW 94 AVE
MIAMI FL 33172

Mailing Address

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.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0915188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAUNEDO, AGUSTIN JR
2030 NW 94 AVE
MIAMI FL 33172

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

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when name change)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	RUBINSTEIN, FEDERICO	
STREET ADDRESS	2030 NW 94 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	☒ Delete
NAME	CAUNEDO, AGUSTIN	
STREET ADDRESS	2030 NW 94 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	☐ Delete
NAME	JUSTINIANO, VICTORIA	
STREET ADDRESS	2030 NW 94 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	☒ Delete
NAME	CAUNEDO, ZUNILDA V	
STREET ADDRESS	2030 NW 94 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:

Agustin Caunedo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 305 393-1750

Date

Daytime Phone