

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90394 025 \*\*\*150.00

021941 AV

**DOCUMENT # P99000068699**



1. Entity Name  
**STAR SOFT USA INC.**

Principal Place of Business <b>247 SW 8TH STREET PMB 258 MIAMI FL 33130-3513</b>	Mailing Address <b>247 SW 8TH STREET PMB 258 MIAMI FL 33130-3513</b>
---	---



2. Principal Place of Business	3. Mailing Address <b>1850 MERIDIAN AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>APT # 11</b>

CHECK HERE IF MAKING CHANGES

City & State <b>MIAMI BEACH FL</b>	4. FEI Number <b>65-0939339</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33139</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CROCE, CLAUDIO**  
**501 BRICKELL KEY DR.**  
**SUITE 507**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name: **CROCE, CLAUDIO**  
Street Address (P.O. Box Number is Not Acceptable): **1850 MERIDIAN AVE, APT # 11**  
City: **MIAMI BEACH FL** Zip Code: **33139**

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: *Claudio Croce* **CLAUDIO CROCE** DATE: **04/26/03**

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, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CABRAL, WALTER D</b> <b>7110 NW 112 COURT</b> <b>MIAMI FL 33178</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GILIOLI, SILMARA B</b> <b>7110 NW 112 COURT</b> <b>MIAMI FL 33178</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROCE, CLAUDIO</b> <b>501 BRICKELL KEY DRIVE, SUITE 507</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CABRAL, WALTER D</b> <b>247 SW 8TH STREET PMB 258</b> <b>MIAMI, FL 3330-3513</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GILIOLI, SILMARA B</b> <b>247 SW 8TH STREET PMB 258</b> <b>MIAMI, FL 33130-3513</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CROCE, CLAUDIO</b> <b>1850 MERIDIAN AVE # 11</b> <b>MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Claudio Croce* **CLAUDIO CROCE** DATE: **04/26/03** PHONE: **(305) 531-4906**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)