

# 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<br><b>247 SW 8TH STREET<br/>PMB 258<br/>MIAMI FL 33130-3513</b> | Mailing Address<br><b>247 SW 8TH STREET<br/>PMB 258<br/>MIAMI FL 33130-3513</b> |
|---|---|



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

CHECK HERE IF MAKING CHANGES

|                                       |                                    |   |
|---------------------------------------|------------------------------------|---|
| City & State<br><b>MIAMI BEACH FL</b> | 4. FEI Number<br><b>65-0939339</b> | Applied For<br><input type="checkbox"/> Not Applicable  |
| Zip<br><b>33139</b>                   | Country<br><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**

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

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

CR2E034 (10/02)