2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 02, 2004 8:00 am **Secretary of State** DOCUMENT # P99000076137 1. Entity Name 03-02-2004 90044 041 ***150.00 STARBOOKS, INC. Principal Place of Business Mailing Address 2030 SOUTH OCEAN DRIVE, UNIT 1423 2030 SOUTH OCEAN DRIVE, UNIT 1423 HALLANDALE FL 33009 HALLANDALE BEACH FL 33009 2. Principal Place of Business 3. Mailing Address 3705 S.W.12 ST. 3705 SW. 12 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) B101 BIO City & State Applied For City & State 4. FEI Number 65-0951696 NES FL PEMBROKE PEMBROKE Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33027 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELER DELORES PRICE, NATHANIEL W. Box Number is Not Acceptable) 2030 SO OCEAN DR #1423 HALLANDALE BEACH FL-33009 Zip Code 3316 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition PTD TITLE ☐ Delete TITLE PRICE, RUTHE NAME NAME 13705 S.W. 12 ST., B/01 2030 SOUTH OCEAN DRIVE, UNIT 1423 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE GEIER, MICHAEL J 3630 BARRY AVE. MAR VISTA, CA 90066-3202 STREET ADDRESS 2030 SOUTH OCEAN DRIVE, UNIT 1423 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED