## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 16, 2007 08:00 AM Secretary of State **DOCUMENT # P99000095931** STAR INSTALLATIONS & DELIVERY INC. Principal Place of Business Mailing Address 2215 NW 79TH AVE PO BOX 640048 MIAMI, FL 33164 MIAMI, FL 33122 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0967528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent VEGA, JOSE M DO NOT WRITE 25 S.E. 2ND AVENUE AY #410 IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees U000000586771 OFFICERS AND DIRECTORS 01/17/07-80007-009 158.75 10. TITLE HERNANDEZ, ROLANDO NAME STREET ADDRESS 15115 MEMORIAL HIGHWAY MIAMI, FL 33169 CITY-ST-ZIP TITLE HERNANDEZ, YVETTE STREET ADDRESS 15115 MEMORIAL HIGHWAY MIAMI, FL 33169 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

STREET ADDRESS CITY- ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Hernander 1-12.

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Daylima Phone #

**FILED**