2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S41280

1. Entity Name
SUN STAR AQUATIC SERVICES, INC.

Principal Place of Business	Mailing Address
418 NE RIVER DR DEERFIELD BEACH, FL 33441-2043 US	1001 SW 10TH ST BOCA RATON, FL 33486 US

DO NOT WRITE IN THIS SPACE

04222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0264986	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAGLIANO, KAREN A ESQ
955-N NW 17TH AVENUE
DELRAY BEACH, FL 33431

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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 and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2008 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution.   ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PTS
NAME	ORSAK, KAREN R.
STREET ADDRESS	1001 SW 10TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	V
NAME	COULTER, ANTHONY K.
STREET ADDRESS	1001 SW 10TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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