


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90165 018 ***158.75

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| DOCUMENT # S78027 |  |
| 1. Entity Name STARKE 27.5, INC. | |

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| Principal Place of Business 10102 NW 50th ST SUNRISE, FL 33351 | Mailing Address 10102 NW 50th ST SUNRISE, FL 33351 |
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| 2. Principal Place of Business Suite, Apt. #, etc. 10102 N.W. 50 STREET | 3. Mailing Address Suite, Apt. #, etc. 10102 N.W. 50th STREET |
| City & State SUNRISE, FL | City & State SUNRISE, FL |
| Zip 33351-8028 | Country USA |



04202005 Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 65-0291948 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WOLF, MELVIN 1891 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311-1573 |
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| 7. Name and Address of New Registered Agent Name WOLF, MELVIN Street Address (P.O. Box Number is Not Acceptable) 10102 N.W. 50 ST. City SUNRISE FL Zip Code 33351-8028 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD WOLF, MELVIN 10102 NW 50 th ST SUNRISE, FL 333518028 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SCOTT, SUSAN G 10102 NW 50 th ST SUNRISE, FL 333518028 <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 |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10102 N.W. 50 ST. SUNRISE, FL 33351-8028 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10102 N.W. 50 ST. SUNRISE, FL 33351-8028 |
| 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 |
| 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: Susan G. Scott, Director 04/21/05 954749-3936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR