

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082712

FILED
Apr 09, 2004
Secretary of State

Entity Name: 5 STAR TELECOMMUNICATIONS, INC.

Current Principal Place of Business:

9353 WEST SAMPLE ROAD,
SUITE # 200
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9353 WEST SAMPLE ROAD,
SUITE #200
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1037127 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LADHANI, RAHIM GHAFFAR
11406 N W 48 CT
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: LADHANI, RAHIM GHAFFAR
Address: 11406 NW 48CT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: T () Delete
Name: LADHANI, ABDUL
Address: 11406 N W 48 CT
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R

DPS

04/09/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date