

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000050291

1. Entity Name
TRI-STAR SERVICES OF AMERICA, INC.



Principal Place of Business Mailing Address

5305 REFLECTIONS CLUB DR. 5305 REFLECTIONS CLUB DR.
 #203 #203
 TAMPA FL 33634 TAMPA FL 33634
 US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

City & State City & State

4. FEI Number 20-0906249 Applied For
 Not Applicable

Zip 33634 Country USA Zip 33634 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINHEIRO, GLEDSON
5305 REFLECTIONS CLUB DR
#203
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entry 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]* DIRECTOR DATE *09/03/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY: September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PINHEIRO, GLEDSON	
STREET ADDRESS	5305 REFLECTIONS CLUB DR #203	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAIS, FLAVIO	
STREET ADDRESS	5305 REFLECTIONS CLUB DR #203	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000576414	
CITY - ST - ZIP	09/07/06-80005-003 550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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]* DATE: *09/03/06* DAYTIME PHONE #: *(813) 966-6320*

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