

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90408 030 ***150.00

DOCUMENT # P04000050291

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



Principal Place of Business Mailing Address

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

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

10675 CEDAR PINE DR. **10675 CEDAR PINE DR.**

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

BLG. 4 **BLG. 4**

City & State City & State


TAMPA, FL **TAMPA, FL**

Zip Zip

33647-2751 **33647-2751**

Country Country

USA **USA**



02022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number Applied For

20-0906249 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City State Zip Code

FL

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]* DATE: **04-15-07.**

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINHEIRO, GLEDSON	NAME	
STREET ADDRESS	5305 REFLECTIONS CLUB DR #203	STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33634	CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAIS, FLAVIO	NAME	
STREET ADDRESS	5305 REFLECTIONS CLUB DR #203	STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33634	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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 prepare 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: **04-15-07.**

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