

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000035545

**Entity Name:** 5 STAR TRAVEL PROMOTIONS & PREMIUMS, INC.

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC2790774640**

**Current Principal Place of Business:**

3808 S. KENWOOD AVE  
TAMPA, FL 33611

**Current Mailing Address:**

3808 S. KENWOOD AVE  
TAMPA, FL 33611

**FEI Number:** 46-2597479

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, KIM S  
3808 S. KENWOOD AVE  
TAMPA, FL 33611 US

*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

**Officer/Director Detail :**

Title	P	Title	TREA
Name	BROWN, KIM S	Name	BROWN, CHRISTOPHER L
Address	3808 S. KENWOOD AVE	Address	3808 S. KENWOOD AVE.
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33611
Title	SECRETARY	Title	DIRECTOR
Name	BROWN, KIM S	Name	BROWN, KIM S
Address	3808 S. KENWOOD AVE	Address	3808 S. KENWOOD AVE
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33611

*I hereby 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 all other like empowered.*

**SIGNATURE: CHRISTOPHER BROWN**

**TREASURER**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date