


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90030 044 ***150.00

DOCUMENT # F05000006466 1. Entity Name FIVE STARS CREATION, INC.					
Principal Place of Business 2475 MCMILLAN BOOTH ROAD CLEARWATER, FL 33759			Mailing Address P.O. BOX 48366 TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 8405 Pine Thrush way City & State Tampa, FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33647		Country Hillborough	
4. FEI Number 20-0524371		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SADIQ, FRANCIS 8405 PINE THRUSH WAY TAMPA, FL 33647			7. Name and Address of New Registered Agent Name SADIQ, FRANCIS Street Address (P.O. Box Number is Not Acceptable) 8405 Pine Thrush way City Tampa		
State FL			Zip Code 33647		
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 <u><i>Francis Sadiq</i></u> DATE <u>4/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SADIQ, FRANCIS P.O. BOX 48366 TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Francis Sadiq</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/14/08</u> <small>Daytime Phone #</small>		