2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other

SIGNATURE:

like empowered

Date

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N98000001751 1. Entity Name 04-07-2004 90344 020 ****70.00 FIVE STAR RESIDENTIAL COMMUNITY HOME, INC. Principal Place of Business Mailing Address 741 N.E. 177TH STREET MIAMI FL 33162 FIVE STAR RESIDENTIAL HOME CORPORATIO **エエハハエがの**】 **MIAMI FL 33162** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0844031 Not Applicable Country Zip Country -Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE, CYNTHIA A Street Address (P.O. Box Number is Not Acceptable) 741 N.E. 177TH STREET MIAMI FL 33162-City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition LEE, CYNTHIA A ¢ NAME NAME 741 N.E. 177TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 🔀 Change Addition TITLE CANADY, CHARLES NAME NAME 16400 NE 19 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP X Change Addition TITLE Delete TITLE WILLIAMS, MARCEL NAME NAME 751 NE 177 STREET STREET ADORESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statures. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED