## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 18, 2005 08:00 AM Secretary of State **DOCUMENT # P01000035980** 1. Entity Name FIVE STAR CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 1499 SW 30TH AVE 1499 SW 30TH AVE 23 BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-1090722 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 . Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE 🔲 Delete TITLE Addition Change NAME MIELE, JOHN NAME 12431 SUMMER SPRINGS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-51-ZIP Unnonne34169 TITLE ٧S Delete TITLE [] Change Addition 02/18/05-80011-np4 150.00 GAINSBORG, ALAN NAME 6071 SUNBERRY CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY ST-ZIP HILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THIF Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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.

FILED