


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90011 049 \*\*\*150.00

DOCUMENT # P01000104659 1. Entity Name 5 STAR INDIA CUISINE, INC.	
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Principal Place of Business 7000 S KIRKMAN RD ORLANDO, FL 32819	Mailing Address 7000 S KIRKMAN RD ORLANDO, FL 32819
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**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3755748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DASSAN, MANJIT 4832 MARK TERF... ORLANDO, FL 32819
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FEE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DASSAN, MANJIT 4832 MARK TERF... ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JHKR, S JNNANDAN S 9220 HIDDEN BAY LN ORLANDO, FL 32819
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  DATE: 5/11/05

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