
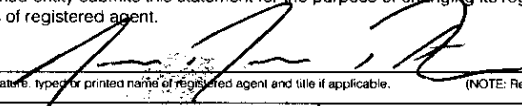
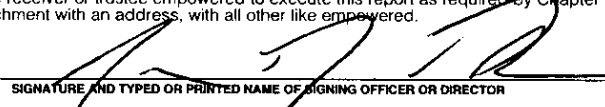


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90274 042 ***150.00

DOCUMENT # P02000002283			
1. Entity Name FIVE STAR MARKETING GROUP INC.			
Principal Place of Business 4141 NE 2ND AVE 1016 MIAMI, FL 33137		Mailing Address 4141 NE 2ND AVE 1016 MIAMI, FL 33137	
2. Principal Place of Business 4141 NE 2nd Ave Suite Apt. #, etc. 101-G		3. Mailing Address 4141 NE 2nd Ave Suite Apt. #, etc. 101-G	
City & State Miami		City & State Miami	
Zip 33137	Country USA	Zip 33137	Country USA
6. Name and Address of Current Registered Agent PATINO, JUAN 4141 NE 2ND AVE 1016 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name: Juan D. Patino Street Address (P.O. Box Number is Not Acceptable): 4141 NE 2nd Ave Suite 101-G City: Miami FL Zip Code: 33137	
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: 4/28/04 <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, 2004 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: D NAME: SANTANA, RAY STREET ADDRESS: 8888 COLLINS AVE, SUITE 212 CITY-ST-ZIP: MIAMI, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Patino, Juan STREET ADDRESS: 4141 NE 2nd Ave suite 101-G CITY-ST-ZIP: Miami, FL 33137
TITLE: D NAME: PATINO, JUAN STREET ADDRESS: 8888 COLLINS AVE, SUITE 212 CITY-ST-ZIP: MIAMI, FL 33154 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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 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: 4/28/04 Daytime Phone #: (305) 573-7066	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	