


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90045 032 \*\*\*150.00

<b>DOCUMENT # P02000021894</b> 1. Entity Name <b>5 STAR CONSIGNMENT, INC.</b>					
Principal Place of Business <b>493 N.E. 20TH, UNIT 11 BOCA RATON FL 33431</b>			Mailing Address <b>493 N.E. 20TH, UNIT 11 BOCA RATON FL 33431</b>		
2. Principal Place of Business <i>same</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03-0393345</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHAMMAS, LEILA 493 NE 20TH ST BOCA RATON FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMMAS, LEILA 493 NE 20TH ST BOCA RATON FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDLEY, PETER 1250 NW 8TH ST BOCA RATON FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



MOORE CR2E034 (11/03)

**SIGNATURE:**

*Leila C Hamm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04

Date

561-391-0908

Daytime Phone #