

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000033752

1. Entity Name  
AAA GOLD STAR MOVING AND TRANSPORTATION, INC.



05 DEC -9 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
17707 NW MIAMI CT  
MIAMI, FL 33169

Mailing Address  
17707 NW MIAMI CT  
6  
MIAMI, FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0312005 Chg-P CR2E034 (10/03)

4. FEI Number  
01-0589446

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASNEV, VLADIMIR  
2601 REGALIA WAY  
COOPER CITY, FL 33026

Name Zembel Vitale  
Street Address (P.O. Box Number is Not Acceptable)  
17707 NW Miami Ct  
#6  
City Miami FL Zip Code 33169

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME ZEMBEL, VITALE  
STREET ADDRESS 200 172 ST APT 402  
CITY-ST-ZIP MIAMI, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700061449617  
CITY-ST-ZIP 11/15/05--01075--008 \*\*61.25

TITLE ☒ Delete  
NAME MASNEV, VLADIMIR  
STREET ADDRESS 2601 REGALIA WAY  
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/06/05  
09/05 305-945-0093