## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P02000063367 FOURSTAR INVESTMENT GROUP, INC. Principal Place of Business \_\_\_ Mailing Address 13056 VALE WOOD DR 13056 VALE WOOD DR NAPLES, FL 34119 NAPLES, FL 34119 04222005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0454402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAHMAN, MOHAMMED M DO NOT WRITE 13056 VALE WOOD DR NAPLES, FL 34119 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\_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. 10. OFFICERS AND DIRECTORS D TITLE CHOWDHURY, SHOWKAT A NAME STREET ADDRESS 7381 FEATHERSTONE BLVD CITY-ST-ZIP SARASOTA, FL 34238 04/29/05-80004-023 150.00 TITLE NAME PATWARY, DEBORAH A STREET ADDRESS 12580 ALLENDALE CIRCLE CITY-ST-ZIP FT MYERS, FL 33912 TITLE NAME RAHMAN, MOHAMMED M STREET ADDRESS 13056 VALE WOOD DR DO NOT WRITE CITY-ST-ZIP NAPLES, FL 34119 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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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. MOHAMM ED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP