

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000063367	
1. Entity Name FOURSTAR INVESTMENT GROUP, INC.	

Principal Place of Business 13056 VALE WOOD DR NAPLES, FL 34119	Mailing Address 13056 VALE WOOD DR NAPLES, FL 34119
---	---

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0454402	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent RAHMAN, MOHAMMED M 13056 VALE WOOD DR NAPLES, FL 34119
--

**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 _____ Signature typed or printed name of registered agent and fee if applicable	(NOTE: Registered Agent signature required when reappointing)	DATE _____
---	---	------------

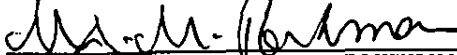
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHOWDHURY, SHOWKAT A 7381 FEATHERSTONE BLVD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PATWARY, DEBORAH A 12580 ALLENDALE CIRCLE FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RAHMAN, MOHAMMED M 13056 VALE WOOD DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000744632
05/15/07-80157-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #