



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90020 019 ***158.75

DOCUMENT # P02000078309 1. Entity Name FIVE STARS INTEGRATED SERVICES & LOGISTICS, INC.					
Principal Place of Business 1709 SW 33 COURT MIRAMAR, FL 33027			Mailing Address 1709 SW 33 COURT MIRAMAR, FL 33027		
2. Principal Place of Business 10045 NW 46 ST		3. Mailing Address 10045 NW 46 ST		 01192004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33178		Zip 33178			
Country USA		Country USA		4. FEI Number 65-1160287	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent YESIL, SUAREZ 1700 SW 33 CT HOLLYWOOD, FL 33027			7. Name and Address of New Registered Agent Name YESID, SUAREZ Street Address (P.O. Box Number is Not Acceptable) 10045 NW 46 ST 301 City MIAMI, FL FL Zip Code 33178		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, YESIL 1709 SW 33CT HOLLYWOOD, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, YESID 1158 NW 133 AVD PEMBROKE PINES, FL 33028 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LLANOS, JUAN P 1709 SW 33 COURT MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORTICH, FREDDY 6940 SW 96 ST MIAMI, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACUSA, MARTHA Y 1709 SW 33 CT HOLLYWOOD, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACASA, MARTHA Y 17009 SW 33 CT HOLLYWOOD, FL 33027 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARASA, MARIA A 1709 SW 33 CT MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SACASA, MARIA A 10045 NW 46 ST 301 MIAMI, FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <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		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01-21-04 <small>Date</small> <small>Daytime Phone #</small>			