2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90020 019 ***158.75

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1. Entity Name
FIVE STARS INTEGRATED SERVICES & LOGISTICS, INC.

Principal Place of Business	Mailing Address
1709 SW 33 COURT MIRAMAR, FL 33027	1709 SW 33 COURT MIRAMAR, FL 33027

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10045 NW 46 ST	10045 NW 46 ST
Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 301
City & State MIAMI , FL	City & State MIAMI , FL
Zip 33178 Country USA	Zip 33178 Country USA

4. FEI Number
65-1160287
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUAREZ, YESIL 1709 SW 33CT HOLLYWOOD, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUAREZ, YESID 1158 NW 133 AVD PEMBROKE PINES, FL 33028	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LLANOS, JUAN P 1709 SW 33 COURT MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FORTICH, FREDDY 6940 SW 96 ST MIAMI, FL 33156	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SACUSA, MARTHA Y 1709 SW 33 CT HOLLYWOOD, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SACASA, MARTHA Y 17009 SW 33 CT HOLLYWOOD, FL 33027	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SARASA, MARIA A 1709 SW 33 CT MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SACASA, MARIA A 10045 NW 46 ST 301 MIAMI, FL 33178	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 01-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #