

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000078309

**FILED**  
**Mar 02, 2005**  
**Secretary of State****Entity Name:** FIVE STARS INTEGRATED SERVICES & LOGISTICS, INC.**Current Principal Place of Business:**15656 SW 39TH STREET  
MIRAMAR, FL 33027**New Principal Place of Business:****Current Mailing Address:**15656 SW 39TH STREET  
MIRAMAR, FL 33027**New Mailing Address:****FEI Number:** 65-1160287**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**YESID, SUAREZ  
15656 SW 39TH STREET  
MIRAMAR, FL 33027 US**Name and Address of New Registered Agent:**LLANO, JUAN P P  
15656 SW 39TH STREET  
MIRAMAR, FL 33027 US

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.

SIGNATURE: JUAN PABLO LLANO

03/02/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SUAREZ, YESID  
Address: 1158 NW 113 AVD  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P ( ) Delete  
Name: LLANO, JUAN P  
Address: 15656 SW 39TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete  
Name: SACASA, MARTHA Y  
Address: 15625 NW 12ND PLACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete  
Name: FORTICH, FREDDY  
Address: 6940 SW 96 ST  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V/S (X) Change ( ) Addition  
Name: JONES, LIBIA  
Address: 1158 NW 113 AVD  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/T (X) Change ( ) Addition  
Name: SACASA, MARTHA Y  
Address: 15625 NW 12ND PLACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN PABLO LLANO

P

03/02/2005

Electronic Signature of Signing Officer or Director

Date