

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114100

FILED
May 10, 2006
Secretary of State

Entity Name: FIVE STAR REALTY & PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

3333 N. UNIVERSITY DRIVE
A
DAVIE, FL 33024

New Principal Place of Business:

4801 S. UNIVERSITY DRIVE
238
DAVIE, FL 33028

Current Mailing Address:

3333 N. UNIVERSITY DRIVE
A
DAVIE, FL 33024

New Mailing Address:

1535 W. HARMONY LAKE CIRCLE
DAVIE, FL 33324

FEI Number: 82-0569497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECOSTE-ARCACHA, LEANNE G
3333 N. UNIVERSITY DRIVE
A
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

DECOSTE-ARCACHA, LEANNE G
4801 S. UNIVERSITY DRIVE
DAVIE, FL 33028 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: LEANNE G. DECOSTE-ARCACHA

05/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DECOSTE-ARCACHA, LEANNE G
Address: 1535 W. HARMONY LAKE CIRCLE
City-St-Zip: DAVIE, FL 33024

Title: D () Delete
Name: DECOSTE, JOHN H
Address: 10075 REVOLUTION COURT APT C
City-St-Zip: CHARLOTTE, NC 28262

Title: T () Delete
Name: DECOSTE-ARCACHA, LEANNE G
Address: 1535 W. HARMONY LAKE CIRCLE
City-St-Zip: DAVIE, FL 33024

Title: S () Delete
Name: DECOSTE-ARCACHA, LEANNE G
Address: 1535 W. HARMONY LAKE CIRCLE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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: LEANNE G. DECOSTE-ARCACHA

DP

05/10/2006

Electronic Signature of Signing Officer or Director

Date