

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90222 036 \*\*\*150.00

<b>DOCUMENT # P03000032040</b> 1. Entity Name <b>FIVE STARS INVESTMENT GROUP, INC.</b>					
Principal Place of Business <b>AMAZONA CARACAS CCS11067</b> <b>P.O. BOX 025323</b> <b>MIAMI, FL 33102 US</b>			Mailing Address <b>AMAZONA CARACAS CCS11067</b> <b>P.O. BOX 025323</b> <b>MIAMI, FL 33102 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>11904 MIROMAR PKWY</b> Suite, Apt. #, etc.			
City & State City: <b>MIROMAR</b> State: <b>FL</b>		4. FEI Number <b>20-1060053</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33025</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MARRERO, ESQ., JOSE C</b> <b>1820 N. CORPORATE LAKES BLVD.,</b> <b>SUITE NO. 105</b> <b>WESTON, FL 33326</b>			7. Name and Address of New Registered Agent Name: <b>Rios Leonardo J</b> Street Address (P.O. Box Number is Not Acceptable): <b>11904 MIROMAR PKWY</b> City: <b>MIROMAR</b> State: <b>FL</b> Zip Code: <b>33025</b>		
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: <b>5/1/06</b> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ULIVI, MARIA EUGENIA</b> <b>1820 N. CORPORATE LAKES BLVD., #105</b> <b>WESTON, FL 33326</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ULIVI, ADRIANA</b> <b>1820 N. CORPORATE LAKES BLVD., #105</b> <b>WESTON, FL 33326</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		5/1/06		954 442 8771	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					