

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033604

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: 5 STAR PROPERTY MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

10629 N KENDALL DR  
MIAMI, FL 33176

## New Principal Place of Business:

10200 N.W. 25TH STREET  
SUITE 111  
DORAL, FL 33172

## Current Mailing Address:

10629 N KENDALL DR  
MIAMI, FL 33176

## New Mailing Address:

10200 N.W. 25TH STREET  
SUITE 111  
DORAL, FL 33172

FEI Number: 04-3789207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINO, MARIA D  
10629 N KENDALL DR  
MIAMI, FL 33176

## Name and Address of New Registered Agent:

CARLO, YVETTE  
10200 N.W. 25TH STREET  
SUITE 111  
DORAL, FL 33172

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: YVETTE CARLO

04/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CABALEIRO, SHIRLYNN  
Address: 20180 SW 188 ST  
City-St-Zip: MIAMI, FL 33187

Title: DV ( ) Delete  
Name: PINO, MARIA D  
Address: 3694 ESTEPONA AVE  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CABALEIRO, SHIRLYNN  
Address: 20180 SW 188 ST  
City-St-Zip: MIAMI, FL 33187

Title: D (X) Change ( ) Addition  
Name: CARLO, YVETTE  
Address: 12890 S.W. 149TH STREET  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Change (X) Addition  
Name: CHAPMAN, JOHN  
Address: 3700 ESTEPONA AVENUE  
City-St-Zip: MIAMI, FL 33178

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: SHIRLYNN CABALEIRO

D

04/08/2004

Electronic Signature of Signing Officer or Director

Date