2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000059004

1. Entity Name
TEN STARS AUTO SALES, INC.

Principal Place of Business	Mailing Address
110 HWY 17 NORTH DAVENPORT, FL 33837	PO BOX 422430 KISSIMMEE, FL 34742

DO NOT WRITE IN THIS SPACE

04252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
05-0572138	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAMMAR, DHANESSAR
2530 BAYKAL DRIVE
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE 04/26/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DAMMAR, DHANESSAR
STREET ADDRESS	2530 BAYKAL DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34746

TITLE	D
NAME	DAMMAR, JAMWANTI
STREET ADDRESS	2530 BAYKAL DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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05/22/07-80028-006 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 04/26/07   Daytime Phone # 407-319-0700