

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-05-2006 90136 015 ***150.00

DOCUMENT # P04000032748 1. Entity Name FIVE STARS FINANCE, INC					
Principal Place of Business 717 PONCE DE LEON BLVD 219 CORAL GABLES, FL 33134			Mailing Address 400 KINGSPOINT DR. 1627 SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business 3727 SW 8 STREET		3. Mailing Address 107		Suite, Apt. #, etc. Coral Gables, FL	
City & State 33134		City & State 33160		Country FL	
4. FEI Number 41-2126495		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERRANO, JUAN C SR 2899 COLLINS AVE 801 MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name LAZARO BOLIVAR Street Address (P.O. Box Number is Not Acceptable) 400 KINGSPOINT DR. STE 1625 City Sunny Isles Beach FL Zip Code 33160		
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 <u><i>X L. Bolivar</i></u> (NOTE: Registered Agent signature required when reappointing) DATE <u>3-7-06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLIVAR, LAZARO SR 400 KINGSPOINT DR. SUITE 1627 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>X L. Bolivar Pres</i></u>		Date <u>3-7-06</u>			