


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 032 ***150.00

DOCUMENT # P04000154508

1. Entity Name
MUSTAR DEBONAIR, INC.



Principal Place of Business
**10436 SUN VILLA BLVD.
 ORLANDO, FL 32817 US**

Mailing Address
**10436 SUN VILLA BLVD.
 ORLANDO, FL 32817 US**



2. Principal Place of Business
314 S. St. +

3. Mailing Address
4405 Saaley St

Suite, Apt. #, etc.

03142006 Chg-P CR2E034 (11/05)

City & State
Orlando FL

City & State
Orlando FL

Zip
32811

Country
U.S.

4. FEI Number
34-2023995

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARREN, RITA L
478 E. ALTAMONTE DRIVE
SUITE 108
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name
Anthony Washington

Street Address (P.O. Box Number is Not Acceptable)
4405 Saaley St

City
Orlando

FL Zip Code
32811

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]* (NOTE: Registered Agent signature required when reinstating)

DATE *03-28-04*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P	NAME WASHINGTON, LEWIS	<input type="checkbox"/> Delete
STREET ADDRESS 10436 SUN VILLA BLVD.	CITY-ST-ZIP ORLANDO, FL 32817	
TITLE VP	NAME WASHINGTON, KIZZY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10436 SUN VILLA BLVD.	CITY-ST-ZIP ORLANDO, FL 32817	
TITLE S	NAME THOMAS, LATISHA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10436 SUN VILLA BLVD.	CITY-ST-ZIP ORLANDO, FL 32817	
TITLE T	NAME SINGLETARY, TONY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10436 SUN VILLA BLVD.	CITY-ST-ZIP ORLANDO, FL 32817	
TITLE D	NAME THOMAS, JAVONTE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10436 SUN VILLA BLVD.	CITY-ST-ZIP ORLANDO, FL 32817	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	NAME <i>Todd Freeman</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>113 Dempsey way</i>	CITY-ST-ZIP <i>Orlando, FL 32835</i>	
TITLE VP	NAME <i>Anthony Washington</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>4405 Saaley</i>	CITY-ST-ZIP <i>Orlando, FL 32811</i>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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]* DATE: *03-28-04* DAYTIME PHONE #: *321-388-7003*