


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90407 023 ***163.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000028882			
1. Entity Name FIVE STAR CLEANING & PAINTING INC			
Principal Place of Business 4815 BONITA VISTA ST TAMPA, FL 33634 US		Mailing Address 4815 BONITA VISTA ST TAMPA, FL 33634 US	
2. Principal Place of Business 6912 BARRY RD Suite, Apt. #, etc.		3. Mailing Address 6912 BARRY RD Suite, Apt. #, etc.	
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA	
Zip 33634	Country USA	Zip 33634	Country USA
4. FEI Number 20-2394913		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, JORGE L 4815 BONITA VISTA ST TAMPA, FL 33634		7. Name and Address of New Registered Agent Name JORGE L. CASTILLO Street Address (P.O. Box Number is Not Acceptable) 6912 BARRY RD City TAMPA FL Zip Code 33634	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	D P CASTILLO, JORGE L 4815 BONITA VISTA ST TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JORGE L. CASTILLO 6912 BARRY RD TAMPA FLORIDA 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/21/2006 (813)843981 <small>Date</small> (813)7843-9817	