## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: \_

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90407 023 \*\*\*163.75

03/21/2006 (813)843981

(8137843-9817

DOCUMENT # P05000028882  1. Entity Name FIVE STAR CLEANING & PAINTING INC													
Principal Place of Business				Mailing Address						F00.			
4815 BONITA VISTA ST TAMPA, FL 33634 US			4815 BONITA VISTA ST Tampa, Fl 33634 US				İ			2000	8404		
11111 A, 12 33034 03			1130	Trans II, I E 00007 00				1 1 <b>00</b> 11001 1K 1	16721 61111 22111 62111 62111		-		
2. Principal Place of Business			3. Ma	3. Mailing Address			$\dashv$						
6912 BARRY RD				6912 BARRY RD					1570) Ciki Buşlı Galii Guli	13. majum siwan iliktiku kitrimi kinitim ilinjimat ili (1901			
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			l	03212006	Chg-P	CR2E034 (11/05)			
City & State			1 '	City & State				4. FEI Numbe			<u> </u>	plied For	
TAMPA Zip	A FLORIDA Country			TAMPA FLORIDA Zip Count				20-2394913			\$8.75 Add	t Applicable	
33634		USA	33	634	USA	-		5. Certificate	of Status Desired	<b>Æ</b>	Fee Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
CASTILLO, JORGE L 4815 BONITA VISTA ST						Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL 33634						C012 PAPPY P2							
						6912 BARRY RD  City TAMPA				Zip Cod	e .		
The above named entity submits this statement for the purpose of changing its registers.						<u> </u>	33034						
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)  OATE													
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan- Trust Fund Contribution.								DO May Be id to Fees					
10.	I	OFFICERS AND	DIRECTO	DIRECTORS 11.				ADDITIONS/	CHANGES TO OFFI	CERS AN	DIRECTOR	S IN 11	
title Name	D P CASTILLO	), JORGE L		∑ Delete	E	ĐP_				Change	☐ Addition		
STREET ADDRESS	4815 BONITA VISTA ST			STRE			90K 691	2 BARR	CASTILLO				
CITY-ST-ZIP	TAMPA, F	L 33634			_	-SI-ZIP	ŤÁM	PA FLO	<u>RIDĂ 336</u>	34		<del>-</del>	
TITLE NAME				Delete	TITL						Change	Addition	
STREET ADDRESS				STRE									
CXTY-ST-ZIP					_	-ST-ZIP		<del></del>					
TITLE NAME	ı			☐ Delete	TITE!	T I					☐ Change	Addition	
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP				☐ Delete	TITL	r-ST-ZIP					☐ Change	☐ Addition	
NAME				LI Defete	NAW	Į.					□1 cusuão	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS -ST-ZIP		:		• .			
TITLE		<del> </del>	<del></del>	☐ Delete	TITL						☐ Change	Addition	
NAME					NAM								
STREET ADDRESS City-ST-ZIP					- 1	EET ADDRESS '-st-zip							
TITLE	<del>                                     </del>		·····	☐ Delete	TITL						☐ Change	☐ Addition	
NAME					NAM	IE							
STREET ADDRESS City-St-ZIP	Ì					EET ADDRESS '-ST-ZIP							
	certify that the	e information supplied with	h this filin	g does not qualify f			tained	in Chapter 119	Florida Statutes. I	further ce	rtify that the in	nformation	
indicated of the cor changed	on this repor poration or the or on an atta	e information supplied with the or suppliemental report in the receiver or trustage emp achment with an address,	s true and owered to with all of	accurate and that be execute this repor ther like empowered	my signa t as requ i.	iture shall have ired by Chapte	e the s er 607,	ame legal effec , Florida Statute	t as if made under on s; and that my name	oath; that i e appears	am an officer in Block 10 o	or director r Block 11 if	