


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State


05-01-2007 90013 045 ***150.00

DOCUMENT # P05000056717 1. Entity Name 5 STAR LOGISTICS, INC.	
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Principal Place of Business 3353 SW 5TH STREET MIAMI, FL 33135	Mailing Address 3353 SW 5TH STREET MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE

40094600



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1679672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, RICHARD B
3353 SW 5TH STREET
MIAMI, FL 33135

**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.

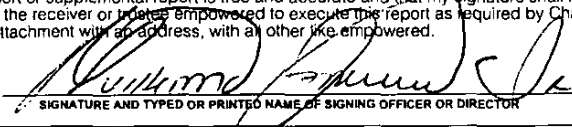
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AUSTIN, RICHARD B PO BOX 830310 MIAMI, FL 332830310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.S.D.</i> <i>SANCHEZ GUILLERMO</i> <i>3353 SW 5 ST</i> <i>MIAMI FLA 33135</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 the 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 an other like empowered.

SIGNATURE:  **4/15/07** **305-7969096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #