

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067540

Entity Name: FIVE STARS HOME SPECIALTY SERVICES INC

FILED
Mar 31, 2006
Secretary of State

Current Principal Place of Business:

527 NW 45 AVE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

527 NW 45 AVE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-2808829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CSG - CAPITAL SERVICES GROUP INC
822 SE 9TH ST
PALM PLAZA
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: NUNES, ALEXANDRE S
Address: 3561 W HILLSBORO BLVD H-209
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD () Delete
Name: ARTUR OLIVEIRA, JOSE
Address: 527 NW 45 AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD (X) Delete
Name: CAVALCANTE, FRANCISCO J
Address: 4353 NW 6 AVE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPDT (X) Change () Addition
Name: ARTUR OLIVEIRA, JOSE
Address: 527 NW 45 AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRE S NUNES

PDS

03/31/2006

Electronic Signature of Signing Officer or Director

Date