

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90443 034 \*\*\*150.00

DOCUMENT # P05000070543 X

1. Entity Name  
FIVE STAR ASSOCIATES CORP



Principal Place of Business

1427 NW 126TH LN  
SUNRISE, FL 33323

Mailing Address

1427 NW 126TH LN  
SUNRISE, FL 33323

50014841

2. Principal Place of Business

13369 NW 13 ST  
Suite, Apt. #, etc.

3. Mailing Address

13369 NW 13 ST  
Suite, Apt. #, etc.



04152006

Chg-P

CR2E034 (11/05)

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

20-2835790

Applied For

Not Applicable

Zip

33323

Country

BROWARD

Zip

33323

Country

BROWARD

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARRETE, MARTHA C  
1427 NW 126TH LN  
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name

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

13369 NW 13 ST

City

FL

Zip Code

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)

DATE

**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 NAVARRETE, MARTHA C  
STREET ADDRESS 1427 NW 126TH LN  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE VP  
NAME CABRERA, CARLOS E  
STREET ADDRESS 1427 NW 126TH LN  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 13369 NW 13 ST  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 13369 NW 13 ST  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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:

*Martha C Navarrete*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-06