

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90147 045 ***150.00

66017433



1st MOORE CR2E034 (10/05)

DOCUMENT # P05000142801					
1. Entity Name FIVE STAR MEETINGS & EVENTS INC.					
Principal Place of Business 9761 BOCA GARDENS CIRCLE NORTH SUITE C BOCA RATON FL 33496			Mailing Address 9761 BOCA GARDENS CIRCLE NORTH SUITE C BOCA RATON FL 33496		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2537054	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, MARJORIE E 9761 BOCA GARDENS CIRCLE NORTH SUITE C BOCA RATON FL 33496				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>Marjorie Mitchell</i>				DATE <i>4/15/06</i>	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, MARJORIE E			NAME	
STREET ADDRESS	9761 BOCA GARDENS CIRCLE NORTH SUITE C			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Marjorie Mitchell</i>				DATE: <i>4/15/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

AR/UBR Batch # 68626

Processing - Documents

Filing Date: 5/30/2006



66017456

AR - ANN REP/UNIFORM BUS REP

0/1

Prep. Name: GB / MG

Scanner Name: _____

Prep. Date: 05/30/06

Box Number: _____

MULTIPLE

MULTIPLE