

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90021 013 ***150.00

DOCUMENT # P06000028801

1. Entity Name
FIVE STAR SERVICES USA INC.



Principal Place of Business
**7950 BOCA CIEGA DR.
APT. 2
ST. PETERSBURG BEACH, FL 33706**

Mailing Address
**7950 BOCA CIEGA DR.
APT. 2
ST. PETERSBURG BEACH, FL 33706**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112008 Chg-P CR2E034 (12/06)

4. FEI Number
20-4380032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PYTLIK, JAN
7950 BOCA CIEGA DR.
APT. 2
ST. PETERSBURG BEACH, FL 33706**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PYTLIK, JAN 7950 BOCA CIEGA DR., APT. 2 ST. PETERSBURG BEACH, FL 33706 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PYTLIKOVA, PAVLA 7950 BOCA CIEGA DR., APT. 2 ST. PETERSBURG BEACH, FL 33706 | <input type="checkbox"/> Delete |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN PYTLIK
PRES.**

4/14/08 727-710-1516

Date

Daytime Phone #