## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000067048

Entity Name: FIVE STAR FOAM INC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3133 WINDOVER AVE KISSIMMEE, FL 34741				3321 WHITESTONE CIR APT 308 KISSIMMEE, FL 34741 US		
Current Mailing Address:				New Mailing Address:		
3133 WINDOVER AVE KISSIMMEE, FL 34741				3321 WHITESTONE CIR APT 308 KISSIMMEE, FL 34741 US		
FEI Number:	: 26-0316440	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:
KISSIMME	DOVER AVE E, FL 34741	US		KISSIMMEE	ESTONE CIR E, FL 34741	US
The above in the State	named entity s e of Florida.	submits this statement for the pu	irpose o	f changing it	s registered of	fice or registered agent, or both,
SIGNATUR	RE: BELISAR	O GOMEZ	05/01/2008			
	Electron	ic Signature of Registered Ager	nt			Date
In accordan	ce with s. 607.19	3(2)(b), F.S., the corporation did not	receive t	he prior notice	<b>3</b> .	
		Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	V (X) GOMEZ, ELSA 3133 WINDOVE KISSIMMEE, FI			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	P () GOMEZ, BELIS 3133 WINDOVE KISSIMMEE, FI	ER AVE		Title: Name: Address: City-St-Zip:	GOMEZ, BELISA	ONE CIR APT 308
Title: Name: Address: City-St-Zip:	D () GOMEZ, KARO 3133 WINDOVE KISSIMMEE, FI	ER AVE		Title: Name: Address: City-St-Zip:	GOMEZ, KAROL	ONE CIR APT 308
Title: Name: Address: City-St-Zip:	T () GOMEZ, JOEL 3133 WINDOVE KISSIMMEE, FI	ER AVE		Title: Name: Address: City-St-Zip:	GOMEZ, JOEL	Change()Addition DNE CIR APT 308 34741 US
Title: Name: Address: City-St-Zip:	EM () GOMEZ, FERN 3133 WINDOVE KISSIMMEE, FI	ER AVE		Title: Name: Address: City-St-Zip:	GOMEZ, FERNA	ONE CIR APT 308

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: BELISARIO GOMEZ P 05/01/2008