2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90035 015 ***150.00

DOCUMENT # P98000054089

1. Entity Name
FIVE STAR WOODWORKS, INC.

Principal Place of Business	Mailing Address
1981 NW 21ST STREET BAY #1 & 2 POMPANO BEACH FL 33069	1981 NW 21ST STREET BAY #1 & 2 POMPANO BEACH FL 33069

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1981 NW 21st STREET	22169 SW 60TH AVE
Suite, Apt. #, etc. BAY # 3	Suite, Apt. #, etc.
City & State POMPANO BEACH, FL	City & State BOCA RATON, FL
Zip 33069 Country Broward	Zip 33428 Country PALM BEACH

4. FEI Number 65-0848417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVEIRA, LUCIO M
22163 SW 60TH AVE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name OLIVEIRA, LUCIO M.
Street Address (P.O. Box Number is Not Acceptable) 22169 SW 60TH AVE
City BOCA RATON FL Zip Code 33428

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PVST	☒ Delete
NAME	OLIVEIRA, LUCIO M	
STREET ADDRESS	9899 THREE LAKES CIR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	PVST	☐ Delete
NAME	OLIVEIRA, LUCIO M	
STREET ADDRESS	22169 SW 60TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] LUCIO OLIVEIRA - PRESIDENT 04/10/04 (561) 4770188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #