2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90232 007 ***150.00

019868 AV

DOCUMENT # P98000054089 NC 12/16/02

1. Entity Name

~~BYRRO ENTERPRISE INCORPORATED~~

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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
1981 NW 21ST STREET
BAY #1 & 2
POMPANO BEACH FL 33069

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: [signature] LUCIO OLIVEIRA - PRESIDENT 04/12/03
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, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST OLIVEIRA, LUCIO M 9899 THREE LAKES CIR BOCA RATON FL 33428	☐ Delete	PVST OLIVEIRA, LUCIO M 22169 SW 60TH AVE BOCA RATON, FL 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVEIRA, LUCIO M 9899 THREE LAKES CIR BOCA RATON FL 33428	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 - PRESIDENTE 04/12/03 (954) 590-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #