

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000089756

1. Entity Name
4 STAR REAL ESTATE DEVELOPMENT, INC.



Principal Place of Business Mailing Address
91 SOUTHWEST 12TH TERRACE 91 SOUTHWEST 12TH TERRACE
BOCA RATON FL 33486 BOCA RATON FL 33486



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0871496**

Applied For
 Not Applicable

Zip Country

Zip Country

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

SHIHADAH, FAWAZ
91 SW 12TH TERR
BOCA RATON FL 33486

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PSD Delete
 NAME SHIHADAH, OMAR
 STREET ADDRESS 91 SOUTHWEST 12TH TERRACE
 CITY-STATE-ZIP BOCA RATON FL 33486

TITLE VTD Delete
 NAME SHIHADAH, FAWAZ
 STREET ADDRESS 91 SOUTHWEST 12TH TERRACE
 CITY-STATE-ZIP BOCA RATON FL 33486

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME U00000599473
 STREET ADDRESS 01/25/07-80029-017 50.00
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
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 CITY-STATE-ZIP

TITLE Change Addition
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 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-19-2007