

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000021469

1. Entity Name

5 STAR MOTEL INVESTMENTS, INC.



Principal Place of Business

5 STAR MOTEL INVESTMENTS, INC.
8797 20 STREET
VERO BEACH, FL 32966

Mailing Address

5 STAR MOTEL INVESTMENTS, INC.
8797 20 STREET
VERO BEACH, FL 32966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3568578

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, VINOD
8797 20TH ST.
VERO BEACH, FL 32966

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PATEL, VINOD
STREET ADDRESS 8797 20TH ST
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE VPD ☐ Delete
NAME PATEL, THAKOR
STREET ADDRESS 8797 20TH ST.
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE SD ☐ Delete
NAME PATEL, DHANSUKHLAL
STREET ADDRESS 8797 20TH ST.
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE TD ☐ Delete
NAME PATEL, RAMESH
STREET ADDRESS 8797 20TH ST.
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
U00000470557
03/28/06-80018-021 150.00

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

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

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

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TITLE
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CITY-ST-ZIP

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

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:

RAMESH PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06 772-797-8324
Date Daytime Phone #