

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021469

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: 5 STAR MOTEL INVESTMENTS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 59-3568578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PATEL, VINOD  
Address: 8797 20TH ST  
City-St-Zip: VERO BEACH, FL 32966

Title: VPD ( ) Delete  
Name: PATEL, THAKOR  
Address: 8797 20TH ST.  
City-St-Zip: VERO BEACH, FL 32966

Title: SD ( ) Delete  
Name: PATEL, DHANSUKHLAL  
Address: 8797 20TH ST.  
City-St-Zip: VERO BEACH, FL 32966

Title: TD ( ) Delete  
Name: PATEL, RAMESH  
Address: 8797 20TH ST.  
City-St-Zip: VERO BEACH, FL 32966

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VINOD PATEL

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date