


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000040295 1. Entity Name FIVE STARS CASTINGS & PAINTING, INC.	
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Principal Place of Business 8720 N.W. 153 TERRACE MIAMI LAKES, FL 33018	Mailing Address 8720 N.W. 153 TERRACE MIAMI LAKES, FL 33018
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DO NOT WRITE IN THIS SPACE



08282008 No Chg-P CR2E034 (11/05)

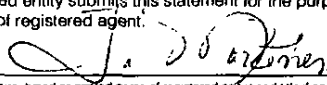
4. FEI Number 65-0917112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTINEZ, JORGE
8720 NW 153 TERR
MIAMI, FL 33018

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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: 8/31/08

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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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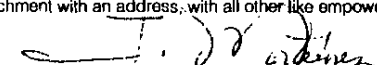
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, JORGE 8720 NW 153 TERR MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINEZ, CARMEN N 8720 NW 153RD TERRACE MIAMI LAKES, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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09/05/08-80001-003 150.00

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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:  DATE: 8/31/08 (3) 362-4352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR