

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 526721

1. Entity Name
STELMAR PROPERTIES, INC.



Principal Place of Business
**5550 NORTH OCEAN DRIVE
 BLDG 200, APT 11D
 SINGER ISLAND FL 33404**

Mailing Address
**5550 NORTH OCEAN DRIVE
 BLDG 200, APT 11D
 SINGER ISLAND FL 33404**



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

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1834036**

Applied For
 Not Applicable

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

**HARRIS, J. RICHARD
 SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.
 4400 PGA BLVD, SUITE 800
 PALM BEACH GARDENS FL 33410**

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PST** Delete
 NAME: **SEGAL, DAVID**
 STREET ADDRESS: **ONE WOOD AVE, APT 803**
 CITY-STATE-ZIP: **WESTMOUNT, QC**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP: **000000601553
 01/26/07-80053-020 158.75**

TITLE: **D** Delete
 NAME: **SEGAL, DAVID**
 STREET ADDRESS: **ONE WOOD AVE, APT 803**
 CITY-STATE-ZIP: **WESTMOUNT, QC**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: **VD** Delete
 NAME: **SEGAL, STELLA**
 STREET ADDRESS: **ONE WOOD AVE, APT 803**
 CITY-STATE-ZIP: **WESTMOUNT, QC**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: **D** Delete
 NAME: **HARRIS, RICHARD J**
 STREET ADDRESS: **4400 PGA BLVD #800**
 CITY-STATE-ZIP: **PALM BEACH GARDENS FL 33410**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Delete
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 CITY-STATE-ZIP:

TITLE: Change Addition
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TITLE: Delete
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 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 22/07 - 561) 844-1412