


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 684664			
1. Entity Name RUSTY STEIN & COMPANY			
Principal Place of Business 5345 PINE TREE DRIVE MIAMI BEACH FL 33140		Mailing Address 5345 PINE TREE DRIVE MIAMI BEACH FL 33140	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEIN, RUSTY 5345 PINE TREE DRIVE MIAMI BEACH FL 33140		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 _____		DATE _____	
Signature (typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reinstating)	



1st MOORE CR2E034 (10/06)

4. FEI Number 59-2025863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 NAME	DP STEIN, RUSTY 5345 PINE TREE DRIVE MIAMI BEACH FL	<input type="checkbox"/> Delete		TITLE NAME	U00000628551 02/16/07-80021-002 155.00	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY- ST- ZIP				STREET ADDRESS CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY- ST- ZIP				STREET ADDRESS CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY- ST- ZIP				STREET ADDRESS CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY- ST- ZIP				STREET ADDRESS CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS CITY- ST- ZIP				STREET ADDRESS CITY- ST- 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 like empowered.

SIGNATURE: *Rusty Stein* 2/5/2007 305-865-4880