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Jun 07, 2004 8:00 am
Secretary of State

05-04-2004 90202 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012050

1. Entity Name
STAERT INTERNATIONAL BUSINESS,CORP

66426747

Principal Place of Business	Mailing Address
917 OLIVE TREE CIRCLE WEST PALM BEACH, FL 33413	917 OLIVE TREE CIRCLE WEST PALM BEACH, FL 33413

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1452 Fairway Circle	1452 Fairway Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenacres, Florida	City & State: Greenacres, Florida
Zip: 33413 Country:	Zip: 33413 Country:

4. FEI Number 41-2078032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAERT, MARIA A
917 OLIVE TREE CIRCLE
WEST PALM BEACH, FL 33413

7. Name and Address of New Registered Agent

Name: DAH Business Service
Street Address (P.O. Box Number is Not Acceptable): 2032 S. Military Tr.
City: West Palm Beach FL Zip Code 33415

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: Darlene Carrillo DATE: 4/23/04

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
After May 1, 2004 Fee will be $550.00

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 / STREET ADDRESS / CITY-ST-ZIP	VTD STAERT, MARIA A 5440 STATE ROAD 7, SUITE 221 FORT LAUDERDALE, FL 33319	☐ Delete	D Staert, Maria A 1452 Fairway Circle Greenacres, Florida 33415	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 04/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #