



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90002 017 ***150.00

DOCUMENT # F06000007700 1. Entity Name CFH STILETTO INC.					
Principal Place of Business 11540 HIGHWAY 92 EAST SEFFNER, FL 33584			Mailing Address 11540 HIGHWAY 92 EAST SEFFNER, FL 33584		
2. Principal Place of Business - No PO Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-4372564				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEYER, DAVID A % DLP PIPER US LLP 101 E. KENNEDY BLVD. STE 2000 TAMPA, FL 33602			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) (Date) _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	PD STEIN, LEWIS ASST-S 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V WEITZNER, PETER 400 PERIMETER CENTER TERRACE #800 ATLANTA, GA 30346	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VST KETTLE, MICHAEL 400 PERIMETER CENTER TERRACE #800 ATLANTA, GA 30346	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SEAMAN, JEFFREY 400 PERIMETER CENTER TERRACE #800 ATLANTA, GA 30346	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V SHEER, JAMIE ASST-S 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VS Lewis Stein 11540 Highway 92 East Seffner, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VS Jamie Sheer 11540 Highway 92 East Seffner, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Lewis Stein 4/22/08					