

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 473767

Entity Name: STIRRUP PROPERTIES, INC.**Current Principal Place of Business:**3619 PERCIVAL AVE
MIAMI, FL 33133**Current Mailing Address:**3619 PERCIVAL AVE
MIAMI, FL 33133 US**FEI Number:** 59-1788383**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIMPSON, DAZELLE D
3619 PERCIVAL AVENUE
MIAMI, FL 33133 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, DIRECTOR
Name PORTER, DAVID JR
Address 3619 PERCIVAL AVE.
City-State-Zip: MIAMI FL 33133

Title VP, DIRECTOR
Name STIRRUP, LA TOYA
Address 3619 PERCIVAL AVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name SIMPSON, DAZELLE
Address 3619 PERCIVAL AVE
City-State-Zip: MIAMI FL 33133

Title SECRETARY, DIRECTOR
Name FRANKLIN, LISA
Address 3619 PERCIVAL AVE
City-State-Zip: MIAMI FL 33133

Title CORRESPONDING SECRETARY,
DIRECTOR
Name EDWARDS, CHERYL
Address 3619 PERCIVAL AVE
City-State-Zip: MIAMI FL 33133

Title TREASURER, DIRECTOR
Name SIMPSON, GREGORY
Address 3619 PERCIVAL AVE
City-State-Zip: MIAMI FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID M. PORTER, JR.**PRESIDENT****02/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date