

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007700

Entity Name: CFH STILETTO INC.

**Current Principal Place of Business:**

11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584

**Current Mailing Address:**

11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584

FEI Number: 20-4372564

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PRESIDENT, ASST. SECRETARY,  
DIRECTOR  
Name STEIN, LEWIS  
Address 11540 HIGHWAY 92 EAST  
City-State-Zip: SEFFNER FL 33584

Title VP  
Name WEITZNER, PETER  
Address 400 PERIMETER CENTER TERRACE  
#800  
City-State-Zip: ATLANTA GA 30346

Title VP, SECRETARY, TREASURER  
Name KETTLE, J MICHAEL  
Address 400 PERIMETER CENTER TERRACE  
#800  
City-State-Zip: ATLANTA GA 30346

Title VP, ASST. SECRETARY  
Name SHEER, JAMIE  
Address 11540 HIGHWAY 92 EAST  
City-State-Zip: SEFFNER FL 33584

Title DIRECTOR  
Name SEAMAN, JEFFREY  
Address 400 PERIMETER CENTER TERRACE  
#800  
City-State-Zip: ATLANTA GA 30346

*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: JEFFREY SEAMAN

DIRECTOR

01/09/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date