

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 274662**

1. Entity Name  
**STELLA MESTRE, INC.**



Principal Place of Business  
**2 CLEARVIEW BLVD  
FT MYERS BCH., FL 33931**

Mailing Address  
**2 CLEARVIEW BLVD  
FT MYERS BCH., FL 33931**

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1054216**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KALLIAINEN, RICHARD  
2 CLEARVIEW BLVD  
FORT MYERS BEACH, FL 33931**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KALLIAINEN, RICHARD  
STREET ADDRESS 2 CLEARVIEW BLVD  
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE  
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CITY-ST-ZIP

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1000000449739  
03/09/06-80063-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Richard Kallia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-06

Date

239 463 6084

Daytime Phone