

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # 332904
 1. Entity Name
STEMBRIDGE REAL ESTATE CO INC



Principal Place of Business Mailing Address
544 NE 126TH STREET **544 NE 126TH STREET**
N. MIAMI, FL 33161 US **N. MIAMI, FL 33161 US**

DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-1218891 | 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
STEMBRIDGE, COMER
202 N. KROME AVENUE
HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEMBRIDGE, COMER 202 N. KROME AVENUE HOMESTEAD, FL 33030 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STEMBRIDGE, HOMER 544 N.E. 126TH STREET NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEMBRIDGE, JOHN 545 N.E. 126TH STREET NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 03/21/08-80030-023 158.75

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: *Homer Stemberge* 3-4-08 305-343-0098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #