


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2006 08:00 AM  
Secretary of State

DOCUMENT # 353617	
1. Entity Name STANLEY O. STERLING P.A.	

Principal Place of Business 3200 N OCEAN BLVD #301 FORT LAUDERDALE FL 33308	Mailing Address 3200 N OCEAN BLVD #301 FORT LAUDERDALE FL 33308
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>	
City & State <i>Same</i>		City & State <i>Same</i>	
Zip	Country	Zip	Country

1st MOORE

CR2E034 (10/05)

4. FEI Number  
59-1274572

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent	
STERLING, STANLEY O 3200 N OCEAN BLVD #301 FORT LAUDERDALE FL 33308 <i>NO</i>	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete STERLING, STANLEY O. 3200 N OCEAN BLVD C301 FT. LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ROTHENBERG, ALAN 3101 N FEDERAL #302 FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000409337 02/08/06-80093-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Stanley O. Sterling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/27/06 Daytime Phone # 954-562-1625