

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 377038

FILED
Jan 17, 2009
Secretary of State

Entity Name: STEFAN ENTERPRISES, INC.

Current Principal Place of Business:

460 PALM ISL. SE
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

460 PALM ISL. SE
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-1315078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFANADIS, GUS
460 PALM ISL S E
CLEARWATER, FL
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEFANADIS, GUS,
Address: 460 PALM ISLE SE
City-St-Zip: CLEARWATER, FL 33767

Title: STD () Delete
Name: STEFANADIS, SONJA,
Address: 460 PALM ISLE SE
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: STEFANADIS, SONJA,
Address: 460 PALM ISLE SE
City-St-Zip: CLEARWATER, FL 33767 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GUS STEFANADIS

PRES

01/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date